

Registration Form 2017

Full Name: _____

Address: _____

_____ P/C: _____

Phone: _____

Email: _____

Male/Female (M/F) _____

Do you require

- | | |
|---|----------|
| 1. Car parking at Beechworth during the Pilgrimage? | Yes / No |
| 2. Billeting in Beechworth Fri 10 th [] Sat 11 th []? | |
| 3. A special diet? | |
| Please specify _____ | |

While support will be given when we are able, each walker is responsible for his or her own safety, medical and first aid needs, and emergency communications if needed.

I have read the information provided with this form and agree to the conditions set out.

Signed: _____

FEES First time **\$380.00** Second time **\$350.00**

Discounts are available for special circumstances. Please enquire.

[] \$50 deposit enclosed

Cheque or money order made out to
"Beechworth Uniting Church"

OR

[] Direct credit

BSB 803070 A/C No 100108939

Please specify "**Celtic**" and **surname**.

CELTIC PILGRIMAGE

32 Elgin Rd., Beechworth 3747

Telephone: (03) 5728 2835

Email: beechworthcelticpilgrimage@gmail.com