

# World Youth Day Panama 2019

MAKE ALL CHECKS AND PAYMENTS TO: **ACCB**

AND SEND TO: Theresa Austin

2627 Lore Road, Anchorage, AK 99507

Email: [theresa.marie.austin@gmail.com](mailto:theresa.marie.austin@gmail.com) Phone: (907) 349-8388

Please use one enrollment form per person. Print legibly or type the information below.

Include your FULL mailing address with no abbreviations.

Your name must be printed as it is on your passport. Your passport must be valid up to 6 months after your scheduled return. Please provide a copy of your passport with this registration. If you need to obtain a passport, please send a copy immediately.

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

DATE OF BIRTH: \_\_\_/\_\_\_/\_\_\_ GENDER: M\_\_\_ F\_\_\_

Cell No. ( ) \_\_\_\_\_ E-Mail: \_\_\_\_\_

Parish Name: \_\_\_\_\_ Preferred Roommate: \_\_\_\_\_

ARE YOU A U.S. CITIZEN? YES \_\_\_ NO \_\_\_ (Where) \_\_\_\_\_

EMERGENCY CONTACT NAME: \_\_\_\_\_ TEL. No. \_\_\_\_\_

E-Mail \_\_\_\_\_

Medical Issues<sup>1</sup>: \_\_\_\_\_

Dietary Issues<sup>2</sup>: \_\_\_\_\_

<sup>1</sup> Medical Issues: Note any physical disability, illness, allergy, special medication, or other medical condition that may require special mention or accommodation.

<sup>2</sup> Dietary Needs: Note any dietary restrictions or allergies that may require special accommodation. While we will do our best to provide for all needs, those with restricted diets should be prepared to carry their own supplementary food.

OPTION 1: \_\_\_ **\$4,250** **WYD 16-day pilgrimage with mission trip to Costa Rica**  
(January 13-28, 2019)

OPTION 2: \_\_\_ **\$3,350** **WYD 11-day pilgrimage** (January 18-28, 2019)

OPTIONAL DAY TRIP: \_\_\_ +\$65 JUNEAU FLIGHTS: \_\_\_ +\$165

## **Cancellation Fees**

<b>Cancellation Date</b> (On or after)	<b>Total Fee</b> (Subtracted from refund)
Deposit	\$300
October 15, 2017	\$500
January 15, 2018	\$800
July 15, 2018	\$900 + 50% airfare
September 15, 2018	No refunds available

Please attach down payment of \$500 to register and hold your place.

If you will be paying by Credit Card please fill out the bottom portion of this form.

\*Credit card transactions will be subject to a convenience processing fee.

Name on the Card: \_\_\_\_\_

Card Number: \_\_\_\_\_

Exp Date: \_\_\_\_\_

Billing Address: \_\_\_\_\_

CVC Code: \_\_\_\_\_

Signature: \_\_\_\_\_

Please attach down payment of \$300 to register and hold your place.