



DIOCESE OF LANCASTER
LOURDES PILGRIMAGE 2024 - YOUTH SECTION
Led by the Bishop of Lancaster Rt Rev Paul Swarbrick
22nd July – 1st August 2024 Overnight travel by coach
7 night Hotel Eliseo + 1 night in Paris £795.00

- Overnight Coach Travel to Lourdes and return (pick-up points to be announced)
- 7 nights accommodation at the Hotel Eliseo
- 1 night accommodation in Paris
- Full day sightseeing in Paris
- Breakfast, lunch & dinner served each day
- Full pilgrimage programme included
- Pilgrimage booklet and ID Badge
- Lourdes City Tax included for 18+
- Includes €10 contribution per pilgrim as requested by the Sanctuary
- 1 x T Shirt per youth (others can be purchased)
- Group Travel Insurance for all under 18's
- Over 18's must have their own insurance

BOOKING PROCEDURE

The Diocese of Lancaster Lourdes Pilgrimage is open to all young people 15 – 21 years of age. Application Forms should be completed online. You will receive confirmation of your acceptance on the pilgrimage within a week. Once your booking has been accepted Joe Walsh Tours will be in contact with you to make your deposit payment of £100. You will then receive a payment link which will be as follows:- £150 monthly payments from January to April 2024 and a final payment of £95 due by the 3rd May 2024

Please note:- Bookings received after March 2024 must be paid in full.

For further details regarding the pilgrimage please contact:-

Director of Youth, Katie O Donnell e-mail:- youth@lancasterlourdes.co.uk

**BOOK EARLY TO
AVOID
DISAPPOINTMENT**

**LIMITED
PLACES**

You are travelling to assist the elderly, vulnerable and other Assisted Pilgrims who may need to use a wheelchair in Lourdes. Before the pilgrimage it will be mandatory for you to undertake some basic training on the safe handling of a wheelchair. This will be provided for you at the Preparation Day on Saturday 22nd June 2024 1-4pm at Our Lady and St Edwards Catholic Primary School, PR2 3LP If you are unable to attend this training date then you must contact the Pilgrimage Director of Youth ASAP in order to try and make alternative arrangements. Failure to complete this may result in you being unable to assist in this way or travel to Lourdes. As you will be working with vulnerable adults and children it may be necessary for you undertake the necessary safeguarding checks including enhanced DBS disclosure. This is part of our safer recruitment of the pilgrimage which includes DBS for all adult volunteers (including Adult Youth volunteers).



Please complete all sections of this booking form by answering all questions as clearly as possible

SECTION 1: PASSENGER DETAILS

Surname	First Name	Date of Birth	Age on Pilgrimage	
Preferred name (For badge/T-Shirt)				
Passport Number	Date of Issue	Expiry Date	EHIC Card Number	EHIC expiry date
Address (BLOCK CAPITALS):				
Postcode:				
Email				
Parent e-mail (under 18s only)				
Home phone				
Mobile number				
Parent mobile (under 18s only)				
School				
Parish				
Religion/Denomination (if applicable)				

Whilst on pilgrimage there are also other opportunities to be of service, including music and in liturgies.

Please tick the following:- Do you sing or play a musical instrument ? Please detail: _____

T-shirt Size (Please tick box): Small Medium Large XL XXL

Details of Emergency contact whilst abroad	Name:
Relationship:	Mobile Number:

SECTION 2: MEDICAL DETAILS

	Please circle answer	If yes, please provide details below
Do you have any significant on-going or previous health problems?	YES / NO	
Do you take regular medications?	YES / NO	Please include a copy of your prescription with this application
Do you have any allergies or sensitivities?	YES / NO	Please detail type of reaction -
Do you have any specific dietary requirements?	YES / NO	If so, please provide details -
Do you have any previous or ongoing Mental Health issues?	YES/NO	If so, please provide details -
Is there anything else that you /parent or guardian need to tell us?	YES/NO	If so, please provide details -
GP DETAILS - Surgery Name:		
Surgery Address:		
Postcode:		
		Surgery Telephone number:

**SECTION 3: PHOTOGRAPHS & VIDEOS**

The Sanctuary in Lourdes, and surrounding areas, are public environments where filming and photography of pilgrims occurs. In addition, during the pilgrimage, photographs and videos will be taken by authorised pilgrimage volunteers and official photographer. The images will be used as part of the pilgrimage liturgies, and for promotion and advertising on social media and diocesan publications and websites. The images will be kept securely and indefinitely.

SECTION 4: GDPR & DATA PROTECTION

The data in this form will be shared with Joe Walsh Tours and for participation in the Diocesan Pilgrimage to Lourdes and associated events. Information will be held in accordance with relevant guidelines.

SECTION 5: CONSENT (PREPARATION & BOOKING CONDITIONS)

By agreeing to take part in the Lancaster Youth section of the Diocese of Lancaster Lourdes Pilgrimage, I agree to all the following commitments. I understand that the balance is due by 3rd May 2024.

COMMITMENTS

You must undertake the following commitments:

- ✓ Uphold the Christian ethos of the pilgrimage
- ✓ Participate fully in the activities of the Pilgrimage, and the Lancaster Youth programme
- ✓ Attend the Preparation Day and any other meetings or events required
- ✓ Behave responsibly at all times
- ✓ Not to bring the Pilgrimage into disrepute – both in person and through use of social media and other forms of media/communication
- ✓ Not to use foul or degrading language
- ✓ No consumption of alcohol (for those under 18 years of age)
- ✓ To wear Diocese of Lancaster Youth T shirts whilst on duty
- ✓ To act upon the help, advice and guidance of all Pilgrimage leaders

Youth Signature: (all youth) _____ **Date:** _____

SECTION 6: CONSENT (ALL UNDER 18's REQUIRE PERMISSION TO COME ON PILGRIMAGE)

I understand that during the period of the pilgrimage (including travel to and from Lourdes) that my son/daughter will be in the charge and under the supervision of The Diocese of Lancaster Youth Team. I understand that in the event of my son/daughter needing any medical treatment that the Diocese of Lancaster Management Committee will signpost them to such services. I understand that should my son/daughter act in an inappropriate way they could be returned home at the expense of myself.

I confirm I have read the consent and booking conditions agreed by my son/daughter and accept these as parent/guardian.

Parent/Guardian Signature: (under 18s) _____ **Date:** _____

Name (BLOCK CAPITALS) _____ **Relationship to youth** _____