

2027 M4L Individual Registration

Name (contact person): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

School/Youth Group: _____ # Attending: _____

Room assignments: _____

Please indicate if sharing a room--Who you are sharing with.
Number

Transportation/Hotel	_____	X \$550	=	\$ _____
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Request for Private Room add: (Room with only 1 or 2 people)	_____	X \$385	=	\$ _____
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Embroidered Hat (optional)	_____	X \$15	=	\$ _____
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Twilight Trolley Tour (Thursday evening) (optional)	_____	X \$50	=	\$ _____
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Total Due = \$ _____

Full payment due by November 18th.

Make checks payable to:

Diocese of Salina

P.O. Box 980

Salina, KS 67402-0980

Important Child Safety Information

Due to close proximity of adults and youth during the course of this trip, ALL adults attending the pilgrimage, regardless of their role, must complete the diocesan required Child Safety Training and Criminal Background Check. If you have not completed or renewed this within the last 5 years with the Salina Diocese, please contact Liz Aguayo at 785-827-8746 or liz.aguayo@salinadiocese.org for instructions.