



# WORLD YOUTH DAY

## KRAKOW, POLAND - 2016

07/22 - 08/03, 2016



### REGISTRATION FORM

#### PERSONAL INFORMATION

Name: \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Home phone: \_\_\_\_\_ Cellphone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_ Place of birth: \_\_\_\_\_ Country: \_\_\_\_\_  
 Passport number: \_\_\_\_\_ Expiration date: \_\_\_\_\_ Nationality: \_\_\_\_\_

#### CONTACT INFORMATION

Emergency contact Name: \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_  
 Home phone: \_\_\_\_\_ Cellphone: \_\_\_\_\_ E-mail: \_\_\_\_\_

#### PASTORAL INFORMATION

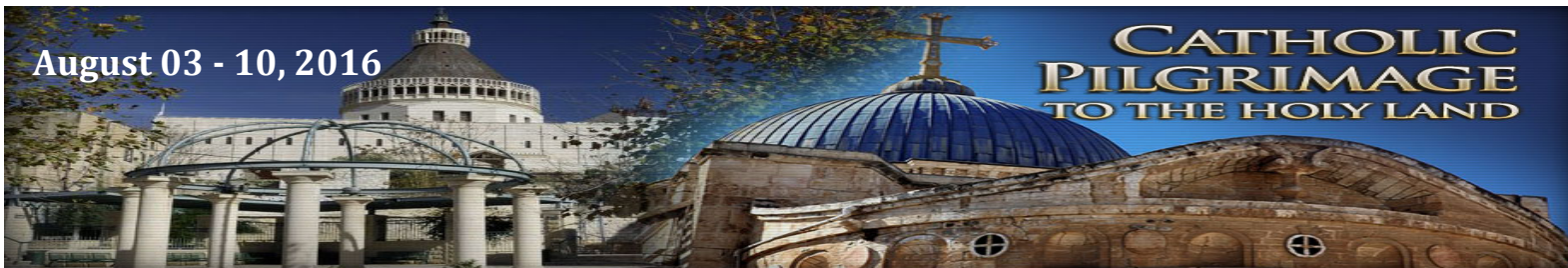
Name of the Diocese: \_\_\_\_\_ Parish Name: \_\_\_\_\_  
 Parish group: \_\_\_\_\_ Pastor's Letter: \_\_\_\_\_

#### MEDICAL INFORMATION

Do you suffer from any disease? \_\_\_\_\_ Which? \_\_\_\_\_  
 Medications that you are taking: \_\_\_\_\_  
 Allergies: \_\_\_\_\_  
 Blood type: \_\_\_\_\_

#### DATES OF PAYMENTS [ \_\_\_\_\_ ]

September 29, 2015	\$ 600.00	Signature: _____	Date: _____
November 17, 2015	\$ 1,000.00	Signature: _____	Date: _____
April 5, 2016	\$ 1,399.00	Signature: _____	Date: _____



#### DATES OF PAYMENTS [ \_\_\_\_\_ ]

Septembre 29, 2015	\$ 400.00	Signature: _____	Date: _____
April 5, 2016	\$ 600.00	Signature: _____	Date: _____