

Holy Spirit Parish Pilgrimage to Poland, the Czech Republic and Germany

Thank you for your interest in the Poland, Czech Republic, Germany Pilgrimage. Below is important information to complete the sign-process.

- Complete and return intent form with **\$100 NON-REFUNDABLE** deposit. Form and deposit may be returned to the church office in an envelope marked “**Poland Pilgrimage, Attention Sean**”.
Spots are limited and on a first come, first served basis.
- Checks may be made out to “HOLY SPIRIT PILGRIMAGE”. Cash or check only – at this point there will not be a credit card option available for any payments.
- First mandatory meeting is Jan 12, 2020 at 12:00PM in the Fireside room. At that time payment for traveler’s insurance will be due. Estimated cost of insurance is \$250 - \$300/person
- Payment arrangement for insurance contact Sean
- For any questions please contact Sean at 371-2320 or at youthholyspirit@gmail.com

Poland, Czech Republic, Germany Pilgrimage June 12, 2021-June 25, 2021*

Reason for Intent

I, _____, would like to participate in the Holy Spirit Parish Pilgrimage to Poland, Czech Republic and Germany. These are the reasons that I would like to participate:

Deposit and Costs:

The estimated cost of the trip is 3k – 5k. Items included in the cost are: air and land travel, travelers insurance, tips for bus driver/guide, lodging, and most meals. NOT INCLUDED – travel costs on free days, additional tours on free days, tips for drivers/guides on free days, food not included with land package, spending money. In order to reserve a spot, a \$100 NON-REFUNDABLE deposit MUST accompany this form. Participation in a fundraiser to be held in September/October 2020 is required. Fundraiser will help replenish the Youth Scholarship/Mission Trip fund and provide scholarships as needed by pilgrims on trips.

Statement of Intent to Participate

I, _____ (full legal name), intend to participate in the Holy Spirit Parish Pilgrimage to Poland, the Czech Republic and Germany. I understand that in making the arrangements for my participation there may be advance payments made on my behalf for travel, lodging and other expenses associated with the trip, therefore, refunds will not be given.

Statement of Release

Upon participation, I, _____ (participant or parent of participant if under 18 years of age) do hereby release and agree to hold the Parish of Holy Spirit and the Diocese of Sioux Falls, SD and all associated parties harmless from any and all liability arising from any personal injury or sickness whatsoever may occur while attending the Parish Pilgrimage to Poland, the Czech Republic and Germany. Furthermore, as a participant I agree to assume all risk in the participation of all recreation and work activities involved during the trip.

Upon participation, I, _____ (participant or parent of participant if under 18 years of age) grant permission for full participation in the above activities and all of its undertakings. I hereby give permission to take said participant to the

doctor or hospital and hereby authorize medical treatment, including but not limited to emergency surgery; and fully and completely assume responsibility for all medical bills. Furthermore, should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, I assume all responsibility and transportation costs.

Participant's Signature: _____ Date _____

Address: _____

Cell Phone Number: _____

Email: _____

Parish: _____

Guardian Signature (for participants under 18 years of age) _____

*Dates could be SUBJECT TO CHANGE