

Being With God In Nature

A Ministry of Jesuit and Ignatian Spirituality Australia

Australian Ignatian Trail

walking in the footsteps of the first Jesuits in Australia

4 walking days, 6 nights, 76km

5 - 11 May 2020

Booking Request Form

Please complete the following form and return to: Jan FitzPatrick email: **fitzpatrickje@gmail.com**

	First name:	Surname:	
Address:			
		State:	Postcode:
Phone:	Mobile:	Email <u>:</u>	
		ous Affiliation (if any)	
Present Occu			
Emergency co	ontact details: Name:		Relationship
Address:			

	Home/work					
I wish to reserve a place on the	Australian Ignatian Trail pilgrimage, from 5 – 11 May 2020.					
The cost of this Australian Igna	itian Trail pilgrimage \$1395.00. A non-refundable deposit of					
\$50.00 is required at the time of	f booking. A further deposit of \$700.00 is required three					
weeks after the initial booking.	The balance of \$645.00 to be paid by 1 March 2020.					
This is a small group pilgrimag	e of 5 people plus two leaders. Early bookings are advised.					
(This costing is subject to having five	pilgrims plus two leaders.					
Cancellation after 1 March 2020 will result in no refund being paid. Cancellation between 15 January 2020						
and 1 March 2020 will result in 50% refund of monies paid less \$50 initial deposit.)						
Please say briefly why you want to	o walk this pilgrimage?					
						
	- -					
Provision of Meals and Dietary	•					
	one lunch are included. (please see Information Sheet					
regarding other meals provided at	dietary requirements and we will pass this information on to the					
	s, for their attention and consideration.					
Any other critical alleraice:						
Arry other critical allergies.						
Health information:						
	medical condition that may impact on you during the Australian					
If you suffer from a disability or a	medical condition that may impact on you during the Australian xplain, including any medications you are on. Are there any					
If you suffer from a disability or a Ignatian Trail pilgrimage please e						
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Have you been part of a multi-day walk in the past? Please outline.			
What experience have you had of day walks	s, bushwalks, etc?		
Fitness requirements:			
enables you to walk four consecutive days - 22	king days, 6 nights) requires a level of fitness that 2km, 15km, 20km, 19km - on quiet, dirt roads and the Riesling Trail. How would you rate your current this pilgrimage?		
I declare that all the information provided b	y me is true, complete and correct in every		
detail.			
[The information will be used for this Australian for any other purposes]	n Ignatian Trail pilgrimage only. It will not be used		
Signature(s):	Date:		

On receipt of your application, leaders Jan FitzPatrick or Michael Bertie will contact you to provide further information about the Australian Ignatian Trail pilgrimage and to ensure this pilgrimage is suitable for you.

Risk waiver:

In case of an emergency, I authorize the Australian Ignatian Trail where it is impracticable to communicate with me, to arrange for me to receive such medical or surgical treatment as may be deemed necessary. I also undertake to pay or reimburse costs which maybe incurred for medical attention, ambulance transport and drugs while I am registered as part of this camino.

I understand that although the Australian Ignatian trail and its guides attempt to minimize any risk of personal injury within practical boundaries, accidents do happen and that all physical activities carry the risk of personal injury. I acknowledge that there is an inherent risk of personal injury in physical activities that will be undertaken as part of the Australian Ignatian Trail.

I understand that I participate in the Australian Ignatian trail at my own risk and that my local GP should be contacted before starting any form of exercise.

Full name:					
Signature:	Date:				
Payment Details – I would like to:					
Pay a deposit of pilgrimage.	\$ to confirm my place in this				
	\$ for this pilgrimage.				
Method of payment:					
☐ Direct Debit:					
BSB : 062 000 Account No : 1714 4664					
Account Name: CIS Sevenhill					
Please reference - AIT your surname					

☐ Please debit	☐ Mastercard	☐ Visacard		
Name appearing	on credit card:			
Expiry Date: DD/DD Signature:				