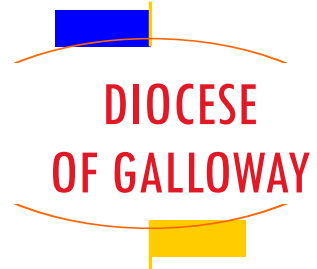




# Youth for Lourdes

The Parish House  
 10 Ardrossan Road  
 SALTCOATS  
 KA21 5BW  
 Phone/Fax: (01294) 463461  
 Email: team@youthforlourdes.com



# APPLICATION FORM 2009

Registered as a Scottish Charity: RC Diocese of Galloway SCO10576

## PERSONAL DETAILS

Please use **BLOCK CAPITALS** to complete.

Full Name:  
 (As stated on your Passport)

Known As:

Address:

Postcode:

Date of Birth

Telephone: (        )

Mobile:

Passport Number:

*(please send a photocopy of your passport ID page with this form)*

European Health Insurance Card ID (E111) PIN (No.6):

European Health Insurance Card ID Number (E111) 20 digit number (No.8):

Polo Shirt size: xsmall/small/medium/large/ xlarge

**Please answer ALL of the following questions:**

1. Do you have any pre-existing medical conditions which require your attendance either as an outpatient at hospital or at your GP's medical practice?  
YES/NO
2. Do you have any medical conditions which require you to carry prescription medication?  
YES/NO
3. Do you have any dietary requirements?  
YES/NO
4. Do you have any allergies? YES/NO
5. Do you have any mobility problems which require assistance?  
YES/NO
6. Do you have any other special needs/requirements which we need to be made aware of?  
YES/NO
7. Do you have your own 10 year passport that is valid until at least 31st January 2010?  
YES/NO

Email:

If you have answered YES to all or some of questions 1-6 above please give more details overleaf. If you have said NO to question 7 you must immediately apply for a new 10 year passport otherwise you will not be eligible for this trip. You should be aware that a Disclosure check for all helpers will be required.

In the unlikely event of needing them please give TWO emergency contact details from different addresses who will be at home when we are in Lourdes:

Name:

Name:

Address:

Address:

Home Tel:

Home Tel:

Mobile:

Mobile:

Relationship to you:

Relationship to you:

In signing this form, I agree that all photographs and/or videography taken in connection with this activity can be used by Youth for Lourdes in any of its promotional material: prior, during or after the event.

If under 18 please have your parent or guardian countersign this form. Thanks

Signed:

Date:

Signed:

Date:

