

# 2016 March for Life Pilgrimage

Sponsored by the Indiana Knights of Columbus for the 7th year

## Pilgrimage Itinerary

<b>Wednesday, January 20</b>	8 pm - Depart from one of our locations throughout the State on the tour bus.
<b>Thursday, January 21</b>	Arrive in Washington approximately 10 am; tour the DC mall, proceed to hotel. Leave for the National Shrine of Immaculate Conception, or Saint JP II museum or free time. Return to hotel.
<b>Friday, January 22</b>	Rally & March for Life, followed by banquet. *Breakfast & bagged lunch available.
<b>Saturday, January 23</b>	Breakfast at the hotel; depart for home; estimated arrival time: 8 pm.

## Pilgrimage Cost

**Pilgrimage cost includes:** Round-trip on touring bus, Motel for 2 nights, Double-occupancy, 2 full breakfasts, Box Lunch, Fri. night banquet & celebration and an unbelievable feeling of satisfaction and honor having participated in this event.

**Pilgrimage Deposit:** \$150 Due ASAP

**Pilgrimage Balance:** \$135 Due November 30, 2015

**Total Cost:** \$285 \*Indiana Knights of Columbus reserves the right to increase final cost due to gas prices and other incidentals.

**Payment information:** Please send your this sheet **check (no cash please)** payable to **Indiana State Council** with Memo line **DC March for Life** to the following address:

Pro Life Director, ATTN: March for Life Pilgrimage, 3993 Willowood Court, Crown Point, IN 46307

**For Questions or Additional Information:** Contact 219-663-0509 or [prolife@indianakofc.org](mailto:prolife@indianakofc.org).

## REQUIRED PILGRIM INFORMATION - PLEASE PRINT NEATLY AND REMAIN IN BOX

**Full Name:** \_\_\_\_\_ **Council #:** \_\_\_\_\_

**Please indicate one of the following:**  Knight  Spouse  Family Member of Knight  Other

**Full Mailing Address:** \_\_\_\_\_

**Home #:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

**Cell #\*:** \_\_\_\_\_ **Roommate Preference:** \_\_\_\_\_

\*Needed in order to stay in contact during and after March

**Departure Location (rank top 3 choices):** \_\_\_Merrillville \_\_\_South Bend \_\_\_Fort Wayne \_\_\_Muncie  
\_\_\_Lafayette \_\_\_Indianapolis \_\_\_Columbus \_\_\_Scottsburg

**Emergency Contact Name & Relationship:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_ **Relevant Medical Conditions:** \_\_\_\_\_

**For Office Use:** Deposit Rec'd Date: \_\_\_\_\_ Check No. \_\_\_\_\_ Balance Rec'd Date: \_\_\_\_\_ Check No. \_\_\_\_\_