

Information for Pilgrimage to Our Lady of Good Success, Quito, Ecuador

Name: (As it appears on Passport) _____

Address: _____

Telephone: (Home) _____ **(Work)** _____

Email: _____

Are you paying for a single or double accommodation? Single: _____ **Double:** _____

If you intend on travelling with another and plan to share a room, please list:

Name: _____ **Relation:** _____

Address: _____

Name of Parish where you are a member _____

Address of this Parish Rectory _____

Name of Parish Pastor _____

Phone number of this Parish _____

How did you learn of this Pilgrimage? _____

Do you have dietary concerns? (Yes ___ No ___) If yes, please give details:

Do you have any disabilities? (Yes ___ No ___) If yes, please give details:

Are you currently taking any medications? (Yes ___ No ___) If yes, please give details: _____

Have you ever travelled on a Catholic Pilgrimage before? (Yes ___ No ___)

If yes, please give details: _____

Person to contact in case of emergency: _____

Phone: _____