



**49TH INTERNATIONAL
EUCCHARISTIC CONGRESS
QUEBEC CITY, CANADA 2008**

Enrollment Form for Pilgrimage

Archdiocese of Hartford
June 18 -22, 2008

Enclosed is my\our \$500.00 non-refundable deposit per person.

Deposit Deadline: **April 25, 2008**

Final Payment due: **May 23, 2005**

Please return a photo copy of this enrollment form for each participant traveling with your deposit check made payable to: Office for Divine Worship.

First Name: _____
(as appears on Passport)

Last Name: _____
(as appears on Passport)

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Business: _____

E-mail: _____

Roommate (if preference): _____

Please select one:

_____ Single Room _____ Triple Room

_____ Double Room _____ Quad Room

I have read and understand all terms and conditions as noted.

Signature: _____