

**Camino 2013**  
**The Irish Pilgrimage Trust**  
**Participation Form**

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

\_\_\_\_\_

**Contact Number** Home \_\_\_\_\_ Mobile \_\_\_\_\_

**Email** (If Applicable) \_\_\_\_\_

**Existing Medical Conditions**      Yes                       No   
(Please Tick one Box)

If Yes (Please explain)

\_\_\_\_\_  
\_\_\_\_\_

**Next of Kin**  
(Details will only be used in the event of an emergency while abroad)

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Contact Number      00.353. (0) \_\_\_\_\_

I certify I am able for this walk and know of no medical condition that will impede my participation.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

*Please post completed Application Form to Bernadette Connolly, National Coordinator, Kilcuan, Clarinbridge, Co Galway along with a non-refundable Deposit of €100 by February 22<sup>nd</sup> 2013.*