

Registration Form

Full Name:

Address:

_____ Post Code: _____

Phone: _____

Email : _____

Male/Female (M/F) _____

FEES

First time **\$360.00** Second time **\$330.00**

Discounts are available for special circumstances. Please enquire.

I wish to

1. leave my car in Beechworth and require transport to Bright on Sunday Yes / No
2. be billeted in Beechworth Fri 4th () Sat 5th ()

While support will be given when we are able, each walker is responsible for his or her own safety, medical and first aid needs, and emergency communications if needed.

I have read the information provided with this form and agree to the conditions set out.

Signed: _____

\$50 deposit enclosed ()

**Cheque or money order made out to
"Beechworth Uniting Church"**

CELTIC PILGRIMAGE

32 Elgin Rd., Beechworth 3747

Telephone: (03) 5728 2835

Email: beechworthcelticpilgrimage@gmail.com