b) FORM FOR BISHOPS

YOUR DIOCESE _____

LAST NAME |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|

FIRST NAME |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|

ADDRESS |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|

ZIP CODE |__|__|__|__|__| CITY |__|__|__|__|__|__|__|__|__|__|__|__|__|__|

STATE |__|__| COUNTRY |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|

PLACE OF BIRTH |__|__|__|__|__|__|__|__|__|__|

DATE OF BIRTH (DAY/MONTH/YEAR) |__|__/__|__/__|__|

NATIONALITY |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|

COUNTRY CODE |__|__|__|__| TEL. |__|__|__|__|--|__|__|__|__|__|__|__|__|__|__|__|

FAX |__|__|__|__|-|__|__|__|__|__|__|__|__|

CELL NUMBER |__|__|__|__|-|__|__|__|__|__|__|__|__|

HOME PHONE |__|__|__|__|-|__|__|__|__|__|__|__|__|

E-MAIL |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|_

DOCUMENT ◯ PASSPORT ◯ IDENTITY CARD N. |__|__|__|__|__|__|__|__|__|__|__|__|_

DATE OF ISSUE (DAY/MONTH/YEAR) |__|__/__|__/__|__|

DATE OF EXPIRATION (DAY/MONTH/YEAR) |__|__/__|__|__/|__|__|

.....

GRUPPO LINGUISTICO

☐ ITALIAN ☐ FRENCH ☐ ENGLISH ☐ GERMAN ☐ SPANISH ☐ PORTUGUESE ☐ POLISH

☐ OTHER _____

PRO MEMORIA

BISHOPS ARE ASKED TO BRING A **WHITE MITRE**.

The possibility to concelebrate with the Holy Father is the competency of the Office of Liturgical Celebrations of the Holy Father. Further information will be provided.

c) FORM FOR BISHOPS c.2

NOTE YOUR SELECTION BY CHECKING THE BOX ☑
INDICATE *THE NUMBER OF PARTICIPANTRS AND ROOMS*

☐ PROPOSAL 1.

July 4-7 (4 days / 3 nights)

Room and Board in a Seminary/Religious House

Price per person, € 200,00

€ 45,00 additional charge for a single room

This price includes:

3 nights stay in a room with two or multiple beds in a Seminary or Religious House; 2 dinners and 3 breakfasts (drinks not included); 3 box lunches; 4 transfers by private bus, lodging/City/lodging; Pilgrim Kit; Public transportation card, valid for 4 days, for the City of Rome; Medical insurance.

TOTAL NUMBER OF PARTICIPANTS |__|__|__|__|
NUMBER OF DOUBLE ROOMS |__|__|__| NUMBER OF SINGLE ROOMS |__|__|
NUMBER OF PEOPLE IN MULTIPLE ROOMS |__|__|__|

☐ PROPOSAL 2.

July 4-7 (4 days)

Only Services

Price per person, € 80,00

This price includes:

3 box lunches; Pilgrim Kit; Public transportation card, valid for 4 days, for the City of Rome; Medical insurance.

TOTAL NUMBER OF PARTICIPANTS |__|__|__|

☐ PROPOSAL 3.

Solidarity Contribution

This proposal is for those not needing either *Room and Board* (Proposal 1) or *Only Servi*ce (Proposal 2).

Price per person, € 10,00

This price includes:

The Pilgrim Kit and the event materials. These funds will also be used to enable those of the faithful coming from economically challenged countries to participate in the different events of the Year of Faith

TOTAL NUMBER OF PARTICIPANTS |__|__|__|

PARTICIPANTS WHO CHOSE PROPOSAL 2 OR 3 MUST PROVIDE THE ADDRESS OF WHERE THEY ARE STAYING IN ROME DURING THE PERIOD OF THE EVENT.

STREET/PIAZZA |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|NR|__|__|__|

CODE |__|__|__|__|__| CITY |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|

DATE OF ARRIVAL IN ROME |__|__/__|__/__|__| DEPARTURE FROM ROME |__|__/__|__/__|__|

DATE _____SIGNATURE_____

The processing of all personal information is done manually or electronically and follows the strict institutional guidelines of ORP in order to guarantee the security and confidentiality of all information submitted.