Registration Form 2025

Full Name:_____

Address:_____

_____P/C:_____

Phone: _____

Male/Female (M/F) _____ Other _____

Please specify any dietary requirements

_____

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: _____

FEES **$490** **Discounts are available for special circumstances. Please enquire.**

Deposit must be paid with registration

[ ] $50 deposit **BSB 803070 A/C No 100108939**
Please specify **"Celtic"** and **surname**.

Please note that we can no longer accept cheques

An additional $40 may be paid with your final payment to cover salad rolls for lunch on 3 days which will be delivered to you. [ ] $40

CELTIC PILGRIMAGE
P.O. Box 59, Beechworth 3747
Phone: (03) 5728 2835

Email: beechworthcelticpilgrimage@gmail.com