



UKRAINIAN CATHOLIC UNIVERSITY

2012 PILGRIMAGE

UCEF

2247 W. Chicago Avenue

Chicago, Il. 60622

Attach your photo here (passport size)

NAME OF APPLICANT:

Preferred title (circle one): Mr. Mrs. Miss Ms Other: _____

Mailing Address:

Personal data:

Street and home number:		Sex:	M / F
City:		Date of birth (DD/MM/YY)	
State / Province:		Place of birth:	
Zip code / Postal Code:		Age:	
Country:		Tel. / Fax:	
Citizenship: Passport # and Country		E-mail:	

Give the names and addresses/phones of relatives or friends who may be contacted in case of an emergency:

In your home country:

In Ukraine:

Person Name:		
Address:		
Telephone home & business:		
E-mail:		

State of health (Please indicate any special needs related to health concerns, i.e., medical conditions and/or medication, wheelchair, limited walking, walking with assistance, diabetic, allergies: food, medical or environmental, etc.)

Special Dietary requirements?

What languages other than English do you speak?

1.
2.

Special Interests while visiting Western Ukraine?

Do you plan to side trips before , during, or after the tour?

Do you need assistance from UCU staff?

Single Supplement _____yes_____no

I would like to share a room with _____

First Deposit of \$500 due March 5, 2012 check # _____ rcd. _____

Second Deposit of \$1150 or \$1450 for single supplement due March 30, 2012

Check # _____ rcd. _____

Signature: _____ **Date:** _____

Mail Deposit, application, and liability form to:
%Mary Gail Reding(UCEF), 2247 W. Chicago Ave, Chicago, Il. 60622