2027 is our 18th TRIP TO THE NATIONAL MARCH FOR LIFE



OPEN TO *ALL* WHO BELIEVE IN LIFE

Wednesday, January 20 Depart from one of our locations throughout the State, approximately 8:00 pm. leaving on tour bus. There will be several stops along the way.

Thursday, January 21 Breakfast in Maryland; arrive in Washington approximately 10 am, tour DC mall, or Arlington, or other venues, proceed to hotel. Leave for the National Shrine of the Immaculate Conception **or** the Saint John Paul II Museum **or** free time. Return to hotel and crash, YOU'LL BE TIRED!

Friday, January 22 Full breakfast at hotel, pick-up box lunch, board bus, proceed to Rally, begin March, after March tour the Mall, then return to hotel for dinner.

Saturday, January 23 Full breakfast at hotel, board buses and head home, arriving about 8 pm.

COST: **$381.00** **Price includes:** **Round-trip to & from D.C, all transportation in D.C. on touring bus, rally and March, hotel for 2 nights, Double-occupancy, 2 full breakfasts, Box Lunch for the march, Fri. night dinner & celebration and a wonderful feeling having participated!**

$222.00 first payment ASAP, final $159.00 by November 30th

Get a down payment of some amount in ASAP to reserve your spot.

Keep track of your payments-**Date of 1st payment**_____ **Check #**_____**Amount**_____
Date of 2nd payment_____**Check #**_____**Amount**_____

CHECKS ONLY made payable to: *Indiana State Council* Memo Line: *DC March*

- Send your check and the bottom of this form to: Michael Velasco
3993 Willowood Court
mavelasco7@hotmail.com **Crown Point, Indiana 46307-8945**

YOU WILL NOT BELIEVE THE WONDERFULL FEELING FROM ATTENDING THE MARCH FOR LIFE, D.C.

----*RETURN LOWER PORTION WITH YOUR CHECK*

"PRINT ALL INFORMATION, NEATLY" If we can't read it, you won't be going!!!

Name_____ **Council #** _____
Check one of the following: Member__Spouse__Son or Daughter of Member__ Other__
Address_____**City**_____**Zip**_____
Home Phone ( ) _____Cell Phone Need cell phone for the march! ( ) _____
Email Address_____**Roommate Preference**_____
Leaving from: Choose 1st and 2nd Choice Merrillville ___South Bend___ Fort Wayne___ Indianapolis___
Emergency Contact:
Name_____ **Relationship**_____ **Phone ( ) _____**
Please list any medical condition/food allergies_____

HELLO!! **DO NOT WRITE BELOW THIS LINE!!!**

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