

# 11<sup>th</sup> K of C SPONSORED TRIP TO THE 2020 NATIONAL MARCH FOR LIFE



## OPEN TO **ALL** WHO BELIEVE IN LIFE

**Wednesday, January 22** 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 23** Breakfast in Maryland; arrive in Washington approximately 10 am, tour the DC mall or other venues, proceed to hotel. Leave for the National Shrine of Immaculate Conception, **or** Saint Pope John Paul II museum **or** free time. Return to hotel and crash, you'll be tired.

**Friday, January 24** Full Breakfast at the hotel, board bus, proceed to Rally, join March when it begins, when you're done tour the Mall, return to hotel, proceed to banquet.

**Saturday, January 25** Breakfast at the hotel, board buses and head home, arriving about 8 pm.

**COST:** **\$285.00** **Price includes:** Round-trip & 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 banquet & celebration and a wonderful feeling having participated!

**\$160.00 Due Before September 1st ---\$125.00 Due November 1st**

*(Get a down payment of some amount in as soon as possible to reserve your spot on the trip)*

**Can't make these dates? Need more info? Give us a call, Pro Life Chairman 219-663-0509**

Keep track of your payments-Date of 1<sup>st</sup> payment \_\_\_\_\_ Check # \_\_\_\_\_ Amount \_\_\_\_\_  
Date of 2<sup>nd</sup> payment \_\_\_\_\_ Check # \_\_\_\_\_ Amount \_\_\_\_\_

**-Do NOT send cash, Make Checks payable to: Indiana State Council Memo Line: DC March**

**- Send your check and the bottom of this form to: K of C Pro Life Chairman  
3993 Willowood Court  
Crown Point, Indiana 46307-8945**

**mavelasco7@hotmail.com**

**RETAIN THIS PORTION FOR YOUR RECORDS**

**RETURN LOWER PORTION WITH YOUR CHECK,**

**PLEASE "PRINT ALL INFORMATION, NEATLY"** If we can't read it, how will we know who you are?

Name \_\_\_\_\_ Council # \_\_\_\_\_

Check one of the following: Knight \_\_\_ Spouse \_\_\_ Son or Daughter of Knight \_\_\_ Other \_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Cell Phone Need cell phone for the march ( ) \_\_\_\_\_

Email Address \_\_\_\_\_ Roommate Preference \_\_\_\_\_

Leaving from: Rank top 3 choices, (1<sup>st</sup>, 2<sup>nd</sup>, 3rd) Merrillville \_\_\_ South Bend \_\_\_ Fort Wayne \_\_\_  
Zionsville \_\_\_ Indianapolis \_\_\_ Seymour \_\_\_ Lanesville \_\_\_

**Emergency Contact:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Please list any medical condition/food allergies \_\_\_\_\_

**Do not write below this line.**