



Wisconsin Bus Pilgrimage Registration Form

01/10/2025

June 25 & 26, 2025

Please complete both sides of this form

and Mail it with payment to:

CDA #1768, c/o Roberta Peters

6500 Seminole Ct. NE, Cedar Rapids, IA 52411

*** Please fill out a separate form for each person attending.***



Your Contact Information:

Name: _____

(Last, First)

Address: _____

(To mail you a receipt)

Phone: _____ [☐] Cell [☐] Landline

Email: _____

Box Lunch Choice for Wednesday, June 25th at Our Lady of Champion, 1885 Schoolhouse Café:

Special Instructions: _____

Box Lunch Choice for Thursday, June 26th at Holy Hill Café: Gluten Free Bread? (add \$1.50) [☐]

Special Instructions: _____

Roommate Information:

Number of guests in your hotel room (including You): [☐] 1 [☐] 2 [☐] 3 [☐] 4

Roommate(s): _____

All 3- & 4-guest rooms must be prearranged with your roommates.

If you wish to be in a 2-guest room, but do not have a roommate, we will help you find a roommate.

Signature: _____ Date: _____

My individual cost: (check one) 01/10/2025

With 1-person/room: \$231.00 _____ (per person)

With 2 people/room: \$177.00 _____ (per person)

With 3 people/room: \$162.00 _____ (per person)

With a 4 people/room: ...\$155.00 _____ (per person)

(Transfer amount to line #1 below in payment section.)

Please make your check payable to:

CDA #1768

Mail to: CDA #1768

c/o Roberta Peters

6500 Seminole Ct. NE

Cedar Rapids, IA 52411

Payment—Calculating Your Amount Due:

My total pre-paid amount due for my pilgrimage: (1) \$ _____

Do you want Gluten-Free bread at Holy Hill Café? If so, add \$1.50 (2) \$ _____

Adjusted total (add amounts in #1 and #2) (3) \$ _____

Today I am making a [] full payment [] partial payment

for the total cost for me on the pilgrimage.

If making a partial payment, to hold your seat on the bus, please pay at least \$50.00.

Your balance must be postmarked 35 days prior to the pilgrimage (May 21, 2025).

Amount enclosed today with my registration form: (4) \$ _____

Would You Like to Help Others Pay for Their Trip?

[] I would like to help another attendee with their expenses. (optional)

Name of recipient: (optional) _____

(If no name is listed, all donations will be divided among those requesting assistance.)

ADD donation amount to your total amount due on line (5) below

If making (2) payments, please add your donation to the first payment. Thank you for your generosity.

Amount donated: (5) \$ _____

Need Help Paying for Your Trip?

[] I would appreciate any assistance available to help reduce my cost.

(If funds have been donated, you will be notified before you need to make your final payment.)

Total Amount I will be paying (My total cost #3 + Donation #5): (6) \$ _____

Amount enclosed (#4 + #5): (7) \$ _____

My balance will be: (#6—#7) (8) \$ _____

Pay at least \$50 to hold your bus seat. Final payments must be postmarked at least 35 days before departure (May 21, 2025). Thank you!