**REGISTRATIONFORM2014**

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| **PERSONAL DETAILS** | | | | |
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| 1. Date of Programme |  | 24-26 October 2014 | | |
| 1. Title |  |  | | |
| 1. Full Name (for certificate) |  |  | | |
| 1. Preferred Name for badge |  |  | | |
| 1. Occupation |  |  | | |
| 1. Email address |  |  | | |
| 1. Mobile number |  |  | | |
| 1. Emergency Contact Person |  |  | Relationship |  |
| Emergency Contact Number |  |  | | |

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| **MARIST FORMATION** | | |
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| 1. Have you ever participated in any Marist experience? |  | YES  NO |
| If yes, where? |  |  |
| 1. Did you attend a Marist school? |  | YES  NO |
| If yes, where? |  |  |

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| **DIETARY & MEDICAL REQUIREMENTS** | | |
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| **IMPORTANT NOTE**: In accordance with *The Hermitage’s Policy*, the catering staff at *The Hermitage* are only able to cater for the below dietary requirements. If you have any other dietary needs/requirements, other than the 3 specified below, participants are requested to bring their own food to supplement any meals. | | |
| Vegetarian Gluten Free Lactose Intolerant | | |
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| 1. Do you have any medical issues? |  | YES  NO |
| If yes, please elaborate |  |  |

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| **TRAVEL ARRANGEMENTS** | | |
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| 1. Are you travelling from **interstate** and require transport arrangements between Sydney and Mittagong? |  | YES  NO |

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| If yes, please note when making travel arrangements, participants requiring transport will need to be at *Sydney Central Railway Station* by 3.00pm on Friday for the bus pick-up to Mittagong. It is recommended that you arrive no later than 1.30pm into Sydney Domestic Airport on Friday. The bus will return all interstate participants *to Sydney Domestic Airport* by approximately 3.00pm on Sunday. In case of unexpected traffic conditions, it is advised that you book a flight out of Sydney no earlier than 4.30pm. Details confirming specific pick-up arrangements will be **emailed** to you prior to commencement of the programme. |

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| **PRIVACY INFORMATION AND CONSENT FOR MEDICAL ASSISTANCE** | | | |
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|  | I understand that the Marist Ministries Office needs to collect information about me for the purpose of preparing for this event to ensure the safe environment is established, and that they will not pass my information on to any other organisation. I consent to these details being used by the Marist Ministries Office for the promotion of other events and resources via post, phone, email, SMS, Facebook and other Social Media networks. | | |
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|  | I also understand that this event will be captured in photographs and video, and I give my consent for the Marist Ministries Office to use these for promotional and reporting purposes and other forms of communication. | | |
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|  | I give permission for the Marist Ministries Office to obtain emergency medical, hospital or ambulance assistance and/or treatment for myself at any time they consider necessary and where I am unable to provide consent. I acknowledge that I will be liable for any medical, hospital or ambulance expense incurred in this treatment and I agree to pay those expenses. | | |

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| **PLEASE RETURN YOUR REGISTRATION AND QUESTIONNAIRE FORMS BY 30 SEPTEMBER 2014 TO:** | | |
|  |  |  |
| Ryan Gato |  | Marist Schools Australia  **E** [register@marists.org.au](mailto:register@marists.org.au)  **T** 02 9218 4000 |

**QUESTIONNAIREFORM**

*To assist the team in planning for your Footsteps’ experience and to help you refine your own thinking and expectations, would you please complete the following questionnaire.* ***PLEASE KEEP YOUR RESPONSES BRIEF SO THAT THIS FORM REMAINS ON ONE PAGE ONLY.***

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| 1. **WHAT ARE SOME OF YOUR HOPES AND EXPECTATIONS FOR THIS PROGRAM?** |
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| 1. **MANY PEOPLE SAY ‘*I AM A MARIST’*. WHAT DOES THIS MEAN TO YOU?** |
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| 1. **WHAT SIGNS OF HOPE OR CONCERNS DO YOU HAVE FOR THE FUTURE OF MARISTS?** |
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| 1. **YOU’VE PROBABLY HEARD OF MARCELLIN CHAMPAGNAT. WHAT DO YOU FIND APPEALING ABOUT HIS LIFE AND STORY?** |
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| 1. **YOU WOULD PROBABLY KNOW OF THE SPECIAL PLACE OF MARY WITHIN THE MARIST PROJECT. WHAT DO YOU FIND APPEALING ABOUT HER?** |
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