

2024 is our 15th TRIP TO THE NATIONAL MARCH FOR LIFE



OPEN TO ALL WHO BELIEVE IN LIFE

Wednesday, January 17 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 18 Breakfast in Maryland; arrive in Washington approximately 10 am, tour the DC mall, 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 19 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 20 Full breakfast at hotel, board buses and head home, arriving about 8 pm.

COST: \$375.00 Price includes: Round-trip & all transportation to and in D.C. on touring bus, Note the price change. 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!

\$215.00 first payment soon, final \$160.00 by December 29th.

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

Keep track of your payments-Date of 1st payment _____ Check # _____ Amount _____
Date of 2nd 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: michael velasco
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, 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: Rank top 3 choices, (1st, 2nd, 3rd) Merrillville ___ South Bend ___ Fort Wayne ___
Lafayette ___ Indianapolis ___ Seymour ___ Lanesville ___

Emergency Contact:
Name _____ Relationship _____ Phone () _____
Please list any medical condition/food allergies _____

DO NOT WRITE BELOW THIS LINE!!!