

# Jakobussociety Salzburg

## Request for a pilgrim pass

Surname:.....

Name: .....

Age: ..... Sex: ..... Passport No.:..... Phone No.: .....

Address: Street:.....

Place:.....

Country: .....

Starting Point of the Pilgrimage:.....

Date of the Beginning: .....

Way to Pilgrim:      x...on foot                      o...on a bicycle                      o...on horseback

Individual Pilgrim: O.....

Group of Pilgrims: X.....

### In Case of Emergency

Next of Kin:.....

Place: .....

Phone No.:.....

Signature of the Pilgrim

.....

Date: ..... Issuer:.....

Pilgrim Pass No.:.....