

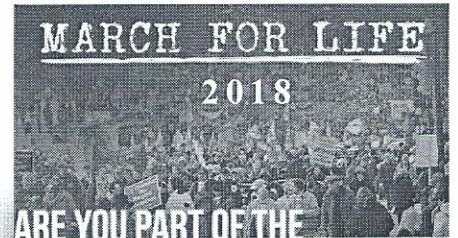
Sponsorship Card

I/We would like to sponsor: _____ Name of Individual I would like to sponsor: _____
 \$ _____ to go towards: _____ Your Name: _____
 Priest Address: _____
 Individual City: _____ State: _____ Zip: _____ Phone: _____
 General Fund I/We would like to remain anonymous.

Please return this *form with payment before December 1, 2017*. Thank you for your support!!
 General Fund donations will go towards costs needed to cover bus, hotel, or other expenses toward the trip to Washington DC.
 Checks payable to: *Prince of Peace Catholic Church, 4100 Broadway Ave, Great Bend, KS 67530.*



4100 Broadway Ave
 Great Bend, KS 67530
 620.792.3642



ARE YOU PART OF THE
**MARCH
 FOR LIFE
 MOVEMENT?**



Prince of Peace
 Catholic Church
 January 17-21, 2018
 Washington DC



Trip includes:

- Bus Fare
- Hotel for Two Nights
- Life is VERY Good Rally
- Mass
- March for Life
- Youth Rally
- Sightseeing

Registration Form and
 \$50 non-refundable
 deposit due Sept. 14
 (Great Bend Parishioners)
 and Oct. 2 (outside Great
 Bend parish)

Final Payment due December 11.

January 17

Buses: Depart from Great Bend, KS

January 18

Hotel: Arrive at Courtyard Marriott, 515 20th St. NW, 202.296.5700

Life is VERY Good Evening Rally (LIVG): Patriot Center, George Mason University, 4500 Patriot Circle, Fairfax, VA 22030

January 19

Mass: Join fellow Kansans for Mass

Rally: 12:00pm at the Mall followed by the

March for Life: 1:00pm will move along Constitution Avenue to the Supreme Court

Sightseeing: Evening to explore DC

January 20

Mass: Basilica of the National Shrine of the Immaculate Conception

Sightseeing: at the Mall

Departure: in late afternoon to return home Jan. 21

If you are unable to go on the trip, but would like to monetarily support our trip by providing a scholarship for an individual or to the general fund, please complete the Sponsorship Card and return to the Parish Office by December 1.

Reservation Form

YES, I/We will attend: _____ (Number Attending)

Name (s): _____ Bus/Hotel/Youth Rally-\$375 x _____=\$ _____

Address: _____ Total \$ _____

City: _____ State: _____ Zip: _____ Phone: _____

Email: _____

I wish to share a room with: _____

(All youth under age of 18 must complete Medical Permission Form and be accompanied by a sponsor or parent.)

Reservation form and \$50 non-refundable reservation fee due by **SEPTEMBER 14** (Great Bend Parishioners) and **OCTOBER 2nd** (outside Great Bend) **DEADLINE** for: Prince of Peace Catholic Church, 4100 Broadway Ave, Great Bend, KS 67530.