

2026 is our 17th TRIP TO THE NATIONAL MARCH FOR LIFE



OPEN TO ***ALL*** WHO BELIEVE IN LIFE

Wednesday, January 21 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 22 Breakfast in Maryland; arrive in Washington approximately 10 am, tour DC mall, or 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 23 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 24 Full breakfast at hotel, board buses and head home, arriving about 8 pm.

COST: **\$369.00** **Price includes:** Round-trip to & from D.C., **all** transportation **in** D.C. on touring bus, 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!

*\$222.00 first payment **ASAP**, final \$147.00 by November 30th.*

Get a down payment of some amount in **ASAP to reserve your spot.**

Keep track of your payments-Date of 1st payment _____ Check # _____ Amount _____
Date of 2nd payment _____ Check # _____ Amount _____

CHECKS ONLY made 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

**YOU WILL NOT BELIEVE THE WONDERMENT THAT IS
THE MARCH FOR LIFE, D.C.**

RETURN LOWER PORTION WITH YOUR CHECK

"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: Merrillville __South Bend__ Fort Wayne__ Indianapolis__

Emergency Contact:

Name _____ Relationship _____ Phone () _____

Please list any medical condition/food allergies _____

HELLO!!

DO NOT WRITE BELOW THIS LINE!!!