



2024 PILGRIMAGE TO TAIZÉ + PARIS

ITINERARY

February 15 - Depart from New York, JFK (evening)

February 16 - Arrive in Paris

February 16 - 18 - Tour Paris (Arc de Triomphe, Eiffel Tower, Les Invalides, and Pont Alexandrew III, Jardin des Tuileries to the Champs Elysée, and more); Day Train Trip to Chartres;

February 19 - 24 - Monastery at Taizé

While at Taizé, the teens will participate in daily life with the Brothers as well as the other young people visiting at the time. The schedule of three prayer services per day can seem intimidating at first

But by the end of the week, it's the best!

FEBRUARY 15 - 25, 2024

Sample Daily Routine at Taizé

8:15am Morning Prayer

8:45am Breakfast

10:00am Bible Study & Small Groups

12:20pm Midday Prayer

1:00pm Lunch

2:00pm Free Time

3:15pm Work Groups

7:00pm Dinner

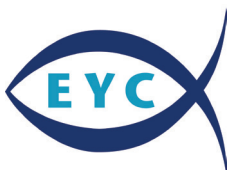
8:30pm Evening Prayer

February 25 - Flight to New York, JFK

COST \$2,950

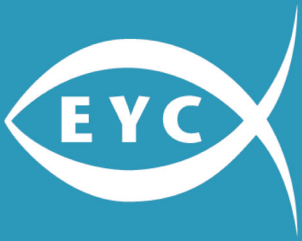
Non-refundable deposit of \$500 due November 14th with registration form.

Questions and concerns can be directed to the Rev. Kurt Gerhard, kgerhard@ccbny.org



ccbny.org/youth

(914) 337-3544



REGISTRATION FORM: 2024 PILGRIMAGE TO TAIZÉ + PARIS

The following form is required for registration. Please return this completed form with the non-refundable \$500 deposit by November 18th to the Rev. Kurt Gerhard. Checks should be made out to Christ Church Bronxville, with Taizé in the memo line. You can also pay online at: onrealm.org/christchurchbronxville/give/taize

PARTICIPANT INFORMATION

PARTICIPANT'S FULL NAME (as on passport): _____

PASSPORT STATUS: Current Renewing I do not have a passport

PASSPORT NUMBER: _____ PASSPORT EXPIRATION: _____

STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

CITIZENSHIP: USA / OTHER _____

BIRTHDATE: _____ PLACE OF BIRTH: _____

GRADE: _____ GENDER: _____

E-MAIL: _____ MOBILE PHONE: _____

DATE OF LAST TETANUS SHOT: _____

FAMILY PHYSICIAN: _____ PHONE: _____

FAMILY DENTIST: _____ PHONE: _____

INSURANCE COMPANY: _____ POLICY #: _____

NAME OF POLICYHOLDER: _____

ANY DRUG OR FOOD ALLERGIES: _____

SPECIAL NEEDS (INCLUDING DIETARY): _____

DO YOU TAKE MEDICINE? IF SO, PLEASE LIST MEDICINE, DOSAGE, AND ROUTINE: _____

PARENT/GUARDIAN INFORMATION

PARENT/GUARDIAN NAME: _____

HOME PHONE: _____

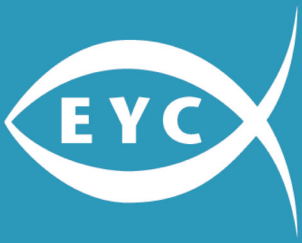
MOBILE/DAY PHONE: _____

E-MAIL: _____

IF I CANNOT BE REACHED, PLEASE CONTACT: _____

PHONE: _____ RELATIONSHIP: _____

<p>Do you need financial aid?</p> <p>YES</p> <p>NO</p>
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COMMUNITY AGREEMENT FOR ALL PARTICIPANTS

Throughout this event, I agree:

- not to bring or use alcohol, tobacco or any illegal, non-prescription drugs. My parent/guardian will be notified, and I will be sent home at my own expense if I violate this agreement.
- to respect the needs, feelings and property of others.
- not to participate in any behavior that impairs fellowship or that threatens the safety or comfort of anyone in the group.
- not to leave the event site without the permission of an adult advisor.
- to follow all specified rules of the trip (including phone prohibitions, etc.).

I understand that these agreements are meant to make this event the best, safest and most fun possible for everyone and that if I violate any of them, the leadership team will have the authority to determine appropriate consequences. I have read and agree to live by these standards.

PARTICIPANT'S SIGNATURE

DATE

PARENTAL PERMISSION AND MEDICAL RELEASE

I give permission for _____ to participate in the Pilgrimage to Taizé and Paris event sponsored by Christ Church Bronxville, St. Matthew's Bedford, and Christ Church Pelham from 02/15/24 - 02/25/24. I give my permission to engage in all activities except as noted on the back of this form. I understand that I am responsible for arranging this young person's transportation to and from the event (even if dismissed prior to the official end of the event because of unruly behavior). I also give permission for photographs or video of my child to be used by the churches for promotional or other purposes.

In case of medical emergency, I understand that every effort will be made to contact the parent or guardian. In the event that I cannot be reached, I hereby authorize and consent to any x-ray, examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any licensed medical personnel on the staff of any licensed hospital. This authorization is given in advance of any specific diagnosis, treatment or hospital care required, but is given to provide authority and power to render care which is deemed advisable in the best judgment of the physician.

I hereby indemnify, agree to hold harmless, and waive any claim against Christ Church Bronxville, St. Matthew's Bedford, and Christ Church Pelham, and their members, representatives, officers, agents, employees, directors, and each of them, for any and all past, present or future loss to property, and/or bodily injury resulting from any activities engaged.

GUARDIAN SIGNATURE: _____

RELATIONSHIP: _____

DATE: _____