



FLORIDA - GEORGIA
SOUTH CAROLINA
ALABAMA - MISSISSIPPI
JAMAICA - BAHAMAS

The Legion of Mary

Miami Regia
129 Almeria Avenue
Coral Gables, FL 33134

April 30, 2018

Dear Fellow Legionaries,

The pastor of St. Rose of Lima Parish in Miami Shores, Florida has requested that a *Peregrinatio pro Christo* be conducted throughout their geographic area next February 16 through February 28, 2019. It is a multicultural parish having received, several years ago, the territory of former St. Vincent de Paul Parish. Records from that parish have not been recoverable and thus the Legion of Mary has offered to go door-to-door to help St. Rose parish meet, attract, discover and -if possible - evangelize all the residents in its now very-enlarged boundaries. Your assistance in this heroic endeavor will be much appreciated as well as French/Creole and Spanish speaking legionaries to help with the language barriers we may encounter. Please pray about and consider attending this PPC, even if not for all the days scheduled.

Attached to this announcement are:

Application form

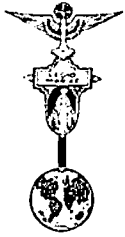
Confidential Personal Medical Information form

Release and Waiver of Liability form

Contact information is provided on the application form and please feel free to do so for any questions you may have. Our Blessed Mother is really the guiding force behind this apostolate!

Yours in Jesus through Mary,

Margaret Annis
PPC Coordinator and Contact



**Peregrinatio Pro Christo 2019
Sponsored by
Miami Regia Legion of Mary**

WHEN: February 16 - 28, 2019 (Arrive evening of the 15th; Depart morning of the March 1st)
WHERE: St. Rose of Lima Catholic Church, 415 NE 105th St. Miami Shores, FL 33138
 (305-758-0539)
PASTOR: Fr. George Packuvettithara (Fr. George)
WHAT: Evangelization and Census through door-to-door visitation-
CONTACT PERSON: Margaret Annis- 305-233-3840 mzannis@mac.com

OUR LADY NEEDS YOU IN THIS GREAT APOSTOLATE!

Who may participate: reliable active members, Spiritual Directors, Seminarians and Junior members age 16-18 accompanied by a parent. Creole/French, Spanish speaking legionaries needed. It is usual to participate for the duration of the PPC. however, if you can come for as little as two or three days, you are welcome to join us. Meals and lodging will be arranged by the parish and local praesidia. There are several nearby hotels if you prefer to provide your own lodging.

P.P.C. APPLICATION FORM

St. Rose of Lima Parish, 415 NE 105th St. Miami Shores, FL 33138 305-758-0539

Name: _____ Phone: _____

Home Address: _____

Email: _____

Emergency Contact info: _____

My Praesidium is: _____ Parish _____

My Curia is: _____

Health problems/allergies we should know about: _____

Confidential Personal Medical Information form attached to this application which should be brought with you in a sealed envelope and will be returned to you when you depart.

Release and Waiver of Liability form also attached and please return with this application.

I will be traveling by: (circle one) car, plane, bus, other (We can pick-you up from local train stations/airports)

Arrival date: _____ Departure date: _____

Please check applicable:

- This is my first time on a PPC I have had previous experience on a PPC
- I will have a car available for use during the PPC
- I understand that I am responsible for my own transport costs to and from the PPC
- I would like to apply for accommodations arranged by the parish
- I will arrange my own accommodation during the PPC

Signature of Applicant: _____

Praesidium President to sign: Name _____

Signature _____

Send to: Margaret Annis 5000 NE Quayside Ter. Miami, FL 33138 - mzannis@mac.com

Confidential Personal Medical Information

Information for the Team Leader in the event of an Emergency.

This form must be completed and given to the Team Leader in a sealed envelope. The envelope will be opened only in the case of an emergency to your personal welfare. Otherwise, the envelope will be returned to you at the end of the PPC in its original sealed condition. In your interest please share your medical information with the Team who will be able to be of assistance to you in the event of an emergency. Your privacy will be respected.

Name:

Address:

.....

Phone

Medicare Number

*Private Health Care Provider:

*Private Health Care Number:

Ambulance subscription no.

(*If applicable)

My doctor is: Name..... Phone No:

I have the following existing medical condition(s):

Diabetes High Blood Pressure Arthritis Heart Condition

Asthma Epilepsy Other:..... I am allergic to penicillin: Yes/No

Other allergies

I am currently taking the following medication(s):

1. Dosage.....

2. Dosage.....

3. Dosage.....

4. Dosage.....

My next of kin is (Name):

Address:

Phone:

Signature of PPC participant:.....

Release and Waiver of Liability

This Relief and Waiver of Liability (The "Release") executed on (date)_____

By Name of Volunteer (Please spell)_____

releases the Legion of Mary, St. Rose of Lima Parish and the Archdiocese of Miami, non-profit organizations existing under the laws of The State of Florida, from any legal liability arising from your volunteer activities. You, as volunteer, desire to provide services for the non-profit organization given above, and engage in activities relating to driving and serving as a volunteer driver.

Personal Vehicle Responsibility

I accept responsibility for my personal vehicle and for all of the volunteer activities related to the non-profit organizations given above. I have, and will, maintain a vehicle liability insurance policy.

By signing below, I express my understanding and intent to enter into this *Relief and Waiver of Liability*, willingly and voluntarily.

(Signed)_____

(your valid signature)