

# SAINT KATHARINE DREXEL PARISH



May 17 - July 16, 2024

## Eucharistic Revival Pilgrimage to Hanover, PA

# Tuesday June 4, 2024

Four walking pilgrim routes traveling from the 4 corners of the United States are heading to Indianapolis, Indiana for the National Eucharistic Congress on July 17–21. The Seton Route begins their pilgrimage from Hartford, Connecticut on Thursday, May 16 and will arrive in Hanover on Tuesday, June 4th for a visit before traveling onto Baltimore and Washington, D.C.

With a pilgrim heart and spirit, Saint Katharine Drexel Church has chartered a bus traveling from our parish to meet the Seton Route Pilgrims for the day in Hanover, PA.

The cost to attend is \$25 per person/\$40 per couple.

There are 44 seats available.

- **MASS here at SKD @ 9AM IN THE CHURCH**
- **Leave SKD parking lot by 10AM EITHER BY BUS OR CAR**
- **Arrive at Sacred Heart Basilica, Conewago Chapel - 11:30AM**
- **Tour and Presentation of the Basilica by Father Dwight Schaline, Pastor**
- **12N – 1:30PM Lunch, Mid - Day Prayer and Adoration some time for private prayer**
- **2:30PM arrive at St. Vincent’s Church in Hanover for a 3 mile walk to St. Joseph’s**
- **Or quiet time for prayer and visit then a bus trip to St. Joseph’s**
- **5:00PM - Evening Prayer and Dinner at St. Joseph’s Church in Hanover**
- **7:30PM – Bus leaves Hanover**
- **8:30PM – Bus arrives at SKD rear parking lot**

Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

# of People Riding the Bus \_\_\_\_\_

**Cost is \$25 for single and \$40 for couple.**

**Please make check payable to Saint Katharine Drexel Church**

**Complete Emergency Contact Form and send it along with payment**

**Mail to :**  
**SKD Parish**  
**Atth: Sally Lanza**  
**1 Peter Drive**  
**Mechanicsburg, PA 17050**

PILGRIMAGE EMERGENCY CONTACT AND MEDICAL FORM

**PERSONAL AND CONFIDENTIAL INFORMATION**

Name.....  
Address.....  
Phone.....  
Email.....

**1. EMERGENCY CONTACT PERSON**

**2. EMERGENCY CONTACT PERSON**

Name..... Relationship..... Phone.....  
Name..... Relationship..... Phone.....  
Name..... Relationship..... Phone.....

**MEDICAL INFORMATION**

Current medical conditions under treatment .....  
.....  
Medications currently taking.....  
.....  
Any Allergies? YES..... NO.....

**CURRENT PCP OR SPECIALIST**

Name..... Office Phone Number.....  
Name..... Office Phone Number.....

If you cannot communicate, what information medical personnel should be aware of in a medical emergency?

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Any other medical information you wish to add that might be useful in a medical emergency

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All information is confidential and will be returned at the end of the pilgrimage.