

**PAPAL BASILICA OF ST. MARY MAJOR**

**RESERVATION FORM**

Send via FAX: +39 06 69886817 Send via Mail: [sagrestiasmm@org.va](mailto:sagrestiasmm@org.va)

**Pilgrimage Type:**

Diocesan  Parish  Agency  Choir  Other .....

Diocese of .....

Parish of .....

Association/Movement .....

**Qualification of Pilgrimage Director/Group Leader:**

Diocesan Director  Parish Steward  Group Organizer   
Agency Manager  Pastoral Animator  Parish Priest   
Spiritual Assistant  Other .....

Last Name ..... Name .....

Street/Square ..... Street No. ....

City ..... Zip Code..... Country .....

Tel./Cell./Fax ..... E-Mail .....

Address in Rome .....

**Date of Pilgrimage** .....

**Time:** .....

**Number of Pilgrims** .....

Composition of Group: Youth  Adults  Children  Families  Elderly  Priests  Seminarians [  
] Sisters  Other .....

Bishop Exc. Msgr. ....

Priests/Deacons .....

Altar Servers .....

Sick or disabled .....

**Type of Function:**

Holy Mass  Rosary  Liturgy of the Hours  Other .....

**Chapel Preference:**

Main Altar (when the group exceeds 200 persons);  
 Pauline Chapel (up to 200 persons);  
 Sistine Chapel (up to 100 persons);  
 Sforza Chapel (up to 100 persons);  
 Cesi Chapel (up to 60 persons);  
 Chapel of the Crucified (up to 20 persons).  
 Other altars (to be evaluated on a case by case basis) .....

Particular needs and requests to be evaluated .....