

OLV Prolife March 1/23/2026 Bus Trip Reservations Accepted Now **Itinerary, Fr. Mike Wolfe spiritual leader**

Our Lady of Victory is now taking reservations for the **2026 “March for Life” Bus Trip** to Washington, DC on Friday, Jan. 23, 2025. Our pick-up location will be at **Good Shepherd Catholic Church, 867 Grays Woods Blvd, Port Matilda, PA 16870.**

The DONATION is Youth 18 and younger \$10; PSU Students and Adults \$15; and Family \$30. Please make checks payable to Our Lady of Victory. (March for Life in memo line) (820 Westerly Parkway, State College, PA 16801).

If you would like to attend, please contact the OLV Parish Office to make a reservation. **Space is limited this year.** We recommend you make your reservation as soon as possible. To make reservations or for more information please contact Chris Kirkpatrick in the OLV Office at 814-237-7832 ext. 421 or email chrisk@ourladyofvictory.com.

Round Trip: State College to Washington, D.C Itinerary

6:00AM Passengers arrive at Good Shepherd

6:30AM – Bus leaves from **Good Shepherd Catholic Church, 867 Grays Woods Blvd, Port Matilda, PA 16870** (east parking lot first right hand turn into Church)

NOTE: On our way down to DC, we will be stopping for a restroom break.

11AM-11:30AM – Arrive at the Washington DC Mall at the Rally location. 12noon Rally begins with speaker. March runs from 1PM-3PM –Route goes from Constitution Ave. up Capitol Hill to Supreme Court. (Buses will park in the RFK Stadium Parking Lot).

3:30-4:30PM – Buses will pick up everyone along **JEFFERSON DRIVE** between 4th and 7th Street behind the Air and Space Museum. **[WE WILL WALK TOGETHER TO MEET BUS]**

6:00-7:00PM – Stop at the Valley Mall Food Court for *dinner* in Hagerstown, MD: 17635 Valley Mall Road, Hagerstown, MD 21740 [Bring money for food (\$10+)]

10:00 PM – Return Home to Good Shepherd Catholic Church, Port Matilda.

NOTE: Please bring your own Snacks and Water and money for a Bus Driver Tip.

Northern Deanery March for Life Trip to Washington DC
Our Lady of Victory Parish
820 Westerly Parkway, State College, PA 16801
(814) 237- 7832

Permission/Medical Information

DONATION: High School and younger \$10/; PSU Student and Adult \$15/Family \$30
{Checks payable to "Our Lady of Victory Parish" [820 Westerly Parkway, State College, PA 16801]}

ATTENDEE FORM (Adult or Student)

Name _____

Age: _____ Birth Date: _____ Email: _____

Home/Cell Phone: _____ Emergency Number (not on trip): _____

IF Student: Parent Name _____ Parent Contact Number: _____

Permission for Student

I/We the parents or guardians of _____, for myself/ourselves and for my/our child, give permission for my/our child to participate in this event.

Indemnification

In consideration of Our Lady of Victory Parish's agreement to allow my/our child to participate in this event, and intending to be legally bound, hereby, I/WE agree to indemnify and hold harmless, the Parish of Our Lady of Victory (State College, PA), the Roman Catholic Diocese of Altoona-Johnstown, and any parish within the diocese, their agents, successors, and legal representatives against any loss from any and all claims, demands, and actions at law or in equity that may hereafter at any time be brought by myself/ourselves, my/our child, or anyone on his/her behalf, for the purpose of enforcing a claim for damages because of any personal injury or property damage sustained by my/our child as a result of or in any way related to his/her participation in this event.

Medical Authorization

In the event of any injury or illness to my/our child during his/her participation in this event, I/WE hereby give my/our permission for the necessary medical treatment to be given to my/our child.

I/WE for my/ourselves, for my/our child, our respective heirs, and my/our respective legal representative do hereby indemnify and hold harmless any representative of the Roman Catholic Diocese of Altoona-Johnstown, and any parishes from any and all claims, demands, and causes of action of whatever kind and nature for their actions taken pursuant to this authority.

I/We agree that in case of injury to my/our child, I/we will apply our hospitalization and/or accident insurance toward payment of the expense incurred and will not look to Our Lady of Victory Parish, the Roman Catholic Diocese of Altoona-Johnstown, and any parish within the diocese, or their agents for the payment of any medical costs or injury related costs.

Parent Name (print)

(Parent/Guardian Signature)

Date