

REGISTRATION FORM

DEPARTURE DATE: _____

DESTINATION: _____

DEPARTURE AIRPORT: _____

LAST NAME (as per passport): _____

FIRST & MIDDLE NAMES (as per passport): _____

DATE OF BIRTH: _____

GENDER: Male Female (circle one)

SINGLE ROOM: YES NO (circle one)

ROOMING WITH: _____

MAILING ADDRESS: _____

CITY: _____

STATE: _____

ZIP: _____

e-mail address: _____

Home Phone: _____

Mobile Phone: _____

Emergency contact (name, phone, email): _____

OTHER INFORMATION:

Country that issued your passport: _____

Passport expiration date: _____

NOTES or SPECIAL REQUESTS: _____

___ [Click here if you have read and agree to the Terms and Conditions for this pilgrimage.](#)

Upon receipt of your registration form, a reservation will be made and a confirmation emailed to you, at which point a deposit of \$500.00 per person will be due. The balance is due 60 days prior to departure. Payments can be made by check or credit card by calling our office at 1-800-220-7729.

TRAVEL INSURANCE IS RECOMMENDED. PLEASE VISIT travelguard.com FOR MORE INFORMATION.