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.**