

Please complete this form and mail, fax or e-mail with payment to address below
Enclosed is my deposit for: Fr. Walker's Pilgrimage to The Holy Land April 2016 Group Name: Walker No. WAL0416

PASSENGER #1 NAME: _____ Smoking: Yes No
Clearly print name as it appears in your passport: (Last, First, Middle)

PASSENGER #1 Passport No.: _____ Expiration Date: _____ Gender: _____ Date of Birth: _____
(Passport must not expire for 6 mos. after return) (Month/Day/Year)

Limited number of single rooms available: Check for availability (additional Cost \$ 900.00): Yes No

Rooming With: (other than passenger # 2) _____

PASSENGER #2 NAME: _____ Smoking: Yes No
Clearly print name as it appears in your passport: (Last, First, Middle)

PASSENGER #2 Passport No.: _____ Expiration Date: _____ Gender: _____ Date of Birth: _____
(Passport must not expire for 6 mos. after return date) (Month/Day/Year)

Home Address: _____ City: _____ State _____ Zip _____

Home Phone: _____ Cell Phone: _____ Email: _____

Emergency Contact Information Below:

Name: _____ Phone: _____ Relationship: _____

Enrollment in and payment for the tour constitutes your acceptance & understanding of the program Terms and Conditions.

Land Only: Full price with Credit Card: \$ 2,774.00 per person

Discounted price with Check / Cash: \$ 2,659.00 per person based on 25 participants & double occupancy

Group air w/Delta out of Detroit - Add: Full price: \$ 1,657.00 per person - Check/Cash discount Add: \$ 1,609.00.

Land and Air Total full price: \$ 4,401.00 – Discounted for Check Cash per person / \$ 4,268.00

If you plan on purchasing your own air please call to make sure the group has enough participation to travel before booking your flight.

(In an effort to keep cost down all of our pilgrimages are priced with a discount for Cash/Check payment. For those wishing to use a credit card we gladly accept them for the full cost of the pilgrimage).

___ I am paying my deposit with a check (please make check payable to: "Catholic Faith Journeys, LLC")

___ I am paying my deposit with a credit card and forfeiting the above discount(s):

Deposit Amount Enclosed: _____ x \$500 per person

Credit Card # _____ Expiration Date: _____ * Sec Code _____
(We accept Visa, MasterCard, Discover & American Express.) (*3 or 4 digit number on back, or front, of Credit Card)

Name that appears on Credit Card: _____ Credit Card holder Signature: _____

\$ 500.00 deposit per person due to register for the pilgrimage. \$1,200.00 Additional due on or before 11/05/2015.

Final payment due January 5, 2016 (Please wait for final invoice before paying balance, thank you).

PASSENGER TOUR/PAYMENT AUTHORIZATION AGREEMENT AND PASSPORT NOTICE:

TSA Regulations require that all passengers present proper identification along with their electronic ticket receipt or airline boarding pass which must contain/match the following: Passenger's Passport Number; Expiration date; Country of Issue; Passenger's Last Name; First Name; Middle Name or Initial; Date of Birth; Gender; and Passport Expiration Date, in order to be allowed to board their flight. Any passenger without this information, exactly as it appears on their passport, may be denied boarding and/or will incur severe monetary penalties. ALL INFORMATION on the passenger's passport must match their airline tickets and boarding passes. In the event any change is required due to inaccurate or incomplete information provided by a passenger on this form, additional fees will be charged by the tour company, the airline or both to reissue/correct any travel documents at the passenger's expense. **All passports must have an expiration date longer than six months following the date this tour ends or your return date into the U.S.** Airline tickets cannot be issued without all information on this form being provided.

Signature of Passenger(s): _____ / _____ Date: _____

If form is unsigned enrollment in and deposit payment for the tour constitutes your acceptance & understanding of the program Terms and Conditions

Mail to: Margaret McDaniel, 10426 N. Bramblewood Road, Perrysburg, OH 43551 / Phone: 419-290-8782

Registrations w/ Credit Card payments may be scanned & e-mailed to maggie@catholicfaithjourneys.com or fax: 419-874-7683

This tour price is based on 25 passenger participation. If the group should fall below this number an increase may be necessary in order to operate the pilgrimage program.

Important: For security reasons and due to the measures taken by the authorities, airlines require that the passenger's name in the air reservations exactly match the name as it appears on the passport.

Catholic Faith Journeys, LLC is not responsible for denied boarding or re-issue costs due to an incorrect name supplied to us.

***** Catholic Faith Journeys, LLC must have a copy of your passport picture page in order to issue your airline tickets. *****

While no changes are anticipated, there may be occasions when certain changes become necessary to this itinerary for reasons beyond our control.

Catholic Faith Journeys, LLC expressly disclaims any responsibility for refunds of any payments for losses or expenses incurred due to cancellation or alteration of the tour when such action is beyond Catholic Faith Journeys' control.