Please complete Enclosed is my deposit for: Msgr. Kubac	te this form and mail, fax or e- cki's Pilgrimage to Sicily, Sorren			
PASSENGER #1 NAME:			;	Smoking: □ Yes □ No
	as it appears in your passport: (L	ast, First, Middle)	<del></del>	C
PASSENGER #1 Passport No.:(Passport must no	Expiration Date of expire for 6 mos. after return)	e: Gender:	Date of Birt	h:(Month/Day/Year)
<u>Limited</u> number of single rooms avo	uilable: Check for availabili	ty (additional Cost \$	\$ <b>675.00</b> ): □	$Yes \square No$
Rooming With: (other than passenger # 2)				
PASSENGER #2 NAME:				Smoking: □ Yes □ No
	e as it appears in your passpoi		le)	Č
PASSENGER #2 Passport No.:	Expiration Date	e: Gender:	Date of Birt	h:
(Passport must not ex	pire for 6 mos. after return date)			(Month/Day/Year)
Home Address:	City:		State	Zip
Home Phone:	Cell Phone:	Email:		
	<b>Emergency Contact Infor</b>	rmation Below:		
Name:	Phone:	Relationship	o:	
Enrollment in and payment for the tou	r constitutes your accentance	& understanding of th	ne program Te	orms and Conditions
(We accept Visa, MasterCard, Discover & American E  Name that appears on Credit Card:	Full price with credit car pilgrimages are priced with a for the full cost of the pilgrimages (please make check payable to take and forfeiting the above of the pilgrimage of the card and forfeiting the above of the pilgrimage o	ard: \$ 4,574.00 a discount for Cash/Cage). to: "Catholic Faith Jodiscount of \$ 175.00  a Date:* Card holder Signature: 00.00 Additional du 08/15/2016	Check payment ourneys, LLC'  * Sec Code	t. For those wishing to  ')  on back, or front, of Credit Card)
TSA Regulations require that all passengers present following: Passenger's Passport Number; Expiration Passport Expiration Date, in order to be allowed to boarding and/or will incur severe monetary penaltie any change is required due to inaccurate or incompl or both to reissue/correct any travel documents at the date this tour ends or your return date.	at proper identification along with their endate; Country of Issue; Passenger's Laboard their flight. Any passenger withouts. ALL INFORMATION on the passenge te information provided by a passenger passenger's expense. All passports	electronic ticket receipt or air st Name; First Name; Middle tt this information, exactly as ger's passport must match the on this form, additional fees the must have an expiration	line boarding pass e Name or Initial; s it appears on thei eir airline tickets a s will be charged b on date longer	Date of Birth; Gender; and r passport, may be denied nd boarding passes. In the event y the tour company, the airline than six months following
Signature of Passenger(s):	/		Da	te:
If form is unsigned enrollment in and depos	it payment for the tour constitutes you	ur acceptance & understar	nding of the prog	ram Terms and Conditions
Mail to: Margaret McDaniel, Registrations w/ Credit Card payments				
	order to operate the pilgs asons and due to the measures the air reservations exactly ma	rimage program. taken by the authoriti tch the name as it app	ies, airlines re ears on the pa	quire that the

\*\*\* 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.

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