

Please complete this form and mail, fax or e-mail with payment to address below

Enclosed is my deposit for: Pilgrimage to EWTN Group Name: Parents of Priests Group No. EWTN 0517

PASSENGER #1 NAME: _____ Smoking: Yes No
Clearly print name: (Last, First, Middle)

PASSENGER #2 NAME: _____ Smoking: Yes No
Clearly print name: (Last, First, Middle)

Limited number of single rooms available: Check for availability (Total cost for a single: \$ 667.00): Yes No

Home Address: _____ City: _____ State _____ Zip _____

Home Phone: _____ Cell Phone: _____ Email: _____

Rooming With: _____
(Only necessary if roommate is registering on separate form and is not passenger # 2 above)

Emergency Contact Information Below:

Name: _____ Phone: _____ Relationship: _____

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

40 Pilgrims - Price: \$ 492.00 with Check or Cash / Price paying with a Credit Card \$ 512.00
Above cost based on double occupancy

Price for a single, Cash/check: \$ 667.00 – Credit card payment for single: \$ 694.00

50 Pilgrims - Price: \$ 468.00 with Check or Cash / Price paying with a Credit Card \$ 487.00
Above cost based on double occupancy

Price for a single, Cash/check: \$ 643.00 – Credit card payment for single: \$ 669.00

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

am paying my deposit with a credit card and forfeiting the cash savings as listed above.

Amount Enclosed: \$ _____ x \$150 per person

Credit Card # _____ Expiration Date: _____ * Sec Code _____

(We accept Visa, MasterCard, and American Express.) (*3 or 4 digit number on back of Credit Card)

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

Deposit of \$ 150.00 due with registration by March 20, 2017. Balance due by April 20, 2017.

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

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

Mail to: Catholic Faith Journeys, LLC 10426 N. Bramblewood Rd. Perrysburg, OH 43551

Registrations with Credit Card payments may be scanned and e-mailed to maggie@catholicfaithjourneys.com,

fax to: 419-874-7683 or phoned in to Margaret McDaniel @ 419-290-8782

This tour price is based on a minimum of 40 passengers. If the group should fall below 40 participants the price may be adjusted based on the actual number of participants.

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 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 Journey's control.