PASSENGER #1 NAME:					Smoking: ☐ Yes ☐ No
Clearly print no	ame as it appears in your p	assport: (Last, First	t, Middle)		
PASSENGER #1 Passport No.:(Passport mu	st not expire for 6 mos. after t	piration Date:	Gender:	Date of I	Birth:(Month/Day/Year)
Home Address:		City:		State	Zip
Home Phone:	Cell Phone:		Email:		
	Emergency Co	ntact Information 1	<u> Below:</u>		
Name:	Phone:		Relationship: _		
<u>Limited</u> number of single rooms	available: Check for a	vailability (addi	tional Cost \$ 1	1,229.00)	$: \Box \textit{Yes} \Box \textit{No}$
Rooming With: (if other than passenger # 2	? listed below)				
PASSENGER #2 NAME:					Smoking: ☐ Yes ☐ No
, <u>, , , , , , , , , , , , , , , , , , </u>	ame as it appears in you	• • •			
PASSENGER #2 Passport No.:(Passport must no	Exp	piration Date:	Gender:	Date of E	Birth:
(Passport must no			••••••		
For those wishing a I am paying my deposit with a cr I am paying my deposit with a cr Deposit Amount Enclosed:	redit card and forfeiting the	payable to: "Cathe cash/check disc	holic Faith Jour		
Credit Card #(We accept Visa, MasterCard, Discover & Americ	<u> </u>	Expiration Date:	:	* Sec Code	
	an Express.)			digit number	r on back, or front, of Credit Card)
Name that appears on Credit Card: \$ 500.00 deposit per person	due to register for the n	Credit Card holder	_	due on or	: hefore 02/16/2018
φ 500.00 αερομί ρει ρει κοι	0 0 1	ent due May16,			bejore 02/10/2010
PASSENGER TOUR/PAYMENT AU TSA Regulations require that all passengers pr following: Passenger's Passport Number; Expir Passport Expiration Date, in order to be allowed boarding and/or will incur severe monetary pen any change is required due to inaccurate or inco or both to reissue/correct any travel documents the date this tour ends or your return Signature of Passenger(s):	resent proper identification along ration date; Country of Issue; Part to board their flight. Any passe alties. ALL INFORMATION or complete information provided by at the passenger's expense. All date into the U.S. Airline	with their electronic ti ssenger's Last Name; F enger without this inform in the passenger's passport a passenger on this for passports must ha tickets cannot be issue	cket receipt or airlin irst Name; Middle N mation, exactly as it ort must match their rm, additional fees w ve an expiration ed without all inform	e boarding parties of the late	al; Date of Birth; Gender; and heir passport, may be denied ts and boarding passes. In the evented by the tour company, the airline ter than six months following his form being provided. Date:
If form is unsigned enrollment in and de					
Mail to: Margaret McDani Registrations w/ Credit Card paym					
This tour price is based on 30 p may be necessary in order to of Important: For security		e program.	-		

*** 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.

passenger's name in the air reservations exactly match the name as it appears on the passport. Catholic Faith Journeys, LLC is <u>not</u> responsible for denied boarding or re-issue costs due to an incorrect name supplied to us.

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