	e complete this form and mail, fax or it for: Italy with Fathers Mark			up No. NEL1019
PASSENGER #1 NAME:			Sr	noking: 🗆 Yes 🗆 No
Clearly p	orint name as it appears in your passport.	: (Last, First, Middle)		
	Expiration I port must not expire for 6 mos. after return)	Date: Gender:	Date of Birth:	(Month/Day/Year)
<u>Limited</u> number of single r	oom, please call 419-290-8782 for	availability and pricin	eg.	
Rooming With: (if other than passeng	ger # 2)			
				Smoking: 🗆 Yes 🗆 No
Clearly 1	print name as it appears in your pass	port: (Last, First, Middl	e)	
	Expiration I must not expire for 6 mos. after return date)	Date: Gender:	Date of Birth:	(Month/Day/Year)
Home Address:	City:		State	_Zip
Home Phone:	Cell Phone:	Email:		
	Emergency Contact In			
Name:	Phone:		:	
(In an effort to For those with I am paying my deposit w I am paying my deposit w Deposit Amount Enclosed: \$ Credit Card #	E ADDED TO THE LAND OF b keep cost down all of our pilgrimage shing to use a credit card we gladly a ith a check (please make check payab ith a credit card and forfeiting the disc x \$500 per pers Ex	es are discounted for pay ccept them for the full co ole to: "Catholic Faith Jo count. Total Cost Land: on piration Date:	ment with Casi ost of the pilgri ourneys, LLC" \$ 2,889.00 _ * Sec Code	h/Check. mage).
(We accept Visa, MasterCard, Discover &		· ·	r 4 digit number on b	ack, or front, of Credit Card)
	Cred		1 1	
	person due to register for the pilgrima July 1, 2019 (To help spread out the c	o	•	
TSA Regulations require that all passes following: Passenger's Passport Number Passport Expiration Date, in order to be boarding and/or will incur severe mone any change is required due to inaccurat or both to reissue/correct any travel door the date this tour ends or your the	NT AUTHORIZATION AGREEMENT engers present proper identification along with the er; Expiration date; Country of Issue; Passenger's e allowed to board their flight. Any passenger wit stary penalties. ALL INFORMATION on the pass e or incomplete information provided by a passer cuments at the passenger's expense. All passpo return date into the U.S. Airline tickets ca	ir electronic ticket receipt or airl Last Name; First Name; Middle hout this information, exactly as senger's passport must match the ger on this form, additional fees rts must have an expiratio nnot be issued without all inform	ine boarding pass w Name or Initial; D it appears on their p ir airline tickets and will be charged by on date longer the nation on this form b	ate of Birth; Gender; and bassport, may be denied I boarding passes. In the event the tour company, the airline han six months following being provided.
	n and deposit payment for the tour constitutes			
	holic Faith Journeys 10426 N. Br			
	l payments may be scanned & e-maile			
	5 passenger participation. If the gro		· · ·	
Important: For	security reasons and due to the measur			
	's name in the air reservations exactly 1 LLC is <u>not</u> responsible for denied board			
*** Catholic Faith Journe While no changes are anticipated, the Catholic Faith Journeys, LLC express	<i>ys, LLC must have a copy of your pa</i> ere may be occasions when certain changes be sly disclaims any responsibility for refunds of on is beyond Catholic Faith Journeys' control.	ssport picture page in ord	der to issue you for reasons beyon	ur airline tickets. *** ad our control.