

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

Enclosed is my deposit for: **The Holy Land Pilgrimage with Fr. Tete, Aug. 27 – Sep. 5, 2019 No. HL0819**

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)*

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Emergency Contact Information Below:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Limited number of single rooms available: Check for availability (additional Cost \$ 700.00 Cash/Ck):  Yes  No  
(additional Cost \$ 728.00 Credit Card):  Yes  No**

Rooming With: *(if other than passenger # 2 listed below)* \_\_\_\_\_

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)*

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

**Total Cost Discounted price with Check / Cash: \$ 3,849.00 per person based on  
Minimum of 15 participants and double occupancy.**

**Full price with Credit Card: \$ 4,002.00 per person based on minimum 15 participants double occupancy  
(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 cash discount.

**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 with registration.**

**\$1,500.00 Additional, per person, due on or before 02/15/2019. / Final payment due 05/01/2019**

**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](mailto:maggie@catholicfaithjourneys.com) or fax: 419-874-7683

**This tour price is based on a minimum of 15 passenger participation.**

**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 alterations of the tour when such action is beyond Catholic Faith Journeys' control.