Please complete this form and mail, fax or e-mail with payment to address Enclosed is my deposit for: Msgr. Kubacki's Pilgrimage to Poland, June 2020 - Group Name: Kul PASSENGER #1 NAME: Clearly print name as it appears in your passport: (Last, First, Middle) PASSENGER #1 Passport No.:	backi - Group No: KUB 620 Smoking: Yes smoking: Yes e of Birth:
Clearly print name as it appears in your passport: (Last, First, Middle) PASSENGER #1 Passport No.:	e of Birth:
PASSENGER #1 Passport No.:	(Month/Day/Year) 850.00): Yes No 884.00) Smoking: Yes No e of Birth: (Month/Day/Year) tteZip
(Passport must not expire for 6 mos. after return) Limited number of single rooms available: Check for availability (additional Cost Cash \$ (Credit Card: \$ 8) Rooming With: (only if other than passenger # 2) PASSENGER #2 NAME: Clearly print name as it appears in your passport: (Last, First, Middle) PASSENGER #2 Passport No.: Expiration Date: (Passport must not expire for 6 mos. after return date) Home Address: Cell Phone: Cell Phone: Emergency Contact Information Below: Name: Phone: Relationship: Relationship:	(Month/Day/Year) 850.00): Yes No 884.00) Smoking: Yes No e of Birth:
(Credit Card: \$ 8 Rooming With: (only if other than passenger # 2) PASSENGER #2 NAME: Clearly print name as it appears in your passport: (Last, First, Middle) PASSENGER #2 Passport No.:	884.00) Smoking: Yes No e of Birth:
Rooming With: (only if other than passenger # 2) PASSENGER #2 NAME: Clearly print name as it appears in your passport: (Last, First, Middle) PASSENGER #2 Passport No.:	Smoking: Yes No e of Birth:
Clearly print name as it appears in your passport: (Last, First, Middle) PASSENGER #2 Passport No.:	e of Birth:(<i>Month/Day/Year</i>) tte Zip
PASSENGER #2 Passport No.:	(Month/Day/Year) te Zip
(Passport must not expire for 6 mos. after return date) Home Address:City:Sta Home Phone:Cell Phone:Email:Email:Email:Email:Email:Email:Enrollment in and payment for the tour constitutes your acceptance & understanding of the pro-	(Month/Day/Year) te Zip
Home Phone:	
Emergency Contact Information Below: Name:	
Name:	
Enrollment in and payment for the tour constitutes your acceptance & understanding of the pro	
Enrollment in and payment for the tour constitutes your acceptance & understanding of the pro	
i IVIAL D WUUUUUU DIUU, UUUU/UUMU, \emptyset 4.207.00 DEI DEIMUL, 2.) DUUUUUU	0
Total Cost - Full price, w/ credit card: \$ 4,439.00 based on 25 participants,	
I am paying my deposit with a check (<i>please make check payable to: "Catholic Faith Journeys</i>	, <i>LLC</i> ")
I am paying my deposit with a credit card and forfeiting the discount.	
Deposit Amount Enclosed: x \$500 per person	
Credit Card # Expiration Date: * Sec Coo (We accept Visa, MasterCard, Discover & American Express.) (*3 or 4 dig	de
Name that appears on Credit Card: Credit Card holder Signature:	
\$ 500.00 deposit per person due with registration.	
\$1,500.00 Additional due on or before December 01, 2019. Final payment du	ie February 15, 2020
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 board following: Passenger's Passport Number; Expiration date; Country of Issue; Passenger's Last Name; First Name; Middle Name o Passport Expiration Date, in order to be allowed to board their flight. Any passenger without this information, exactly as it appear boarding and/or will incur severe monetary penalties. ALL INFORMATION on the passenger's passport must match their airline any change is required due to inaccurate or incomplete information provided by a passenger on this form, additional fees will be o or both to reissue/correct any travel documents at the passenger's expense. <u>All passports must have an expiration date</u> <u>the date this tour ends or your return date into the U.S.</u> Airline tickets cannot be issued without all information on	r Initial; Date of Birth; Gender; and rs on their passport, may be denied tickets and boarding passes. In the event charged by the tour company, the airline longer than six months following
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 4355 Registrations w/ Credit Card payments may be scanned & e-mailed to maggie@catholicfaithjourn	
This tour price is based on a minimum of 25 participants. If the group should an increase may be necessary in order to operate the pilgrimage program.	l fall below this number
Important: For security reasons and due to the measures taken by the authorities, airlines req name in the air reservations exactly match the name as it appears on the passport. Catholic Fa 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 i While no changes are anticipated, there may be occasions when certain changes become necessary to this itinerary for reas	hith Journeys, LLC is <u>not</u> ssue your airline tickets. ***