

REGISTRATION FORM

**12 Day Pilgrimage to the Holy Land
Fr. Robert Schneider / Fr. Kurt Farrell**

March 18 - 29, 2019

All Saints Catholic Church – Madison Lake, MN

By submitting this form, I understand it is my responsibility to obtain any visas/re-entry permit necessary for this trip if I don't hold an American Passport. I have read and agreed to all the terms and conditions as set forth in this brochure.

Your passports must be valid 6 months after your return date!

PLEASE PRINT

PLEASE ATTACH A COPY OF YOUR PASSPORT

Last Name on Passport:	
First Name on Passport:	
Middle Name on Passport:	
Address:	
City/State/Zip:	
Phone (including area code):	
Email address:	
Passport number:	Place of issue:
Date of issue:	Expiration date:
My date of birth is (month/day/year):	Gender: M F
In case of emergency please contact (name & phone):	
Please choose one of the following:	
<input type="radio"/> I want to room with (give name):	
<input type="radio"/> I need a roommate	
<input type="radio"/> I want a Single Room (at additional \$700.00)	

A DEPOSIT OF \$300.00 PER PERSON- (SEE TERMS & CONDITIONS)

PLEASE MAKE CHECKS PAYABLE TO: INSPIRATIONAL TOURS, INC.

PLEASE MAIL CHECKS, REGISTRATION FORMS, & COPIES OF YOUR PASSPORTS TO:

INSPIRATIONAL TOURS, INC.

5433 WESTHEIMER RD, SUITE 600

HOUSTON, TEXAS 77056