

**REGISTRATION FORM**  
***12 Day Visit St Bernard's Catholic Church, Gonubie***  
***Simunye Daycare Centre, Mzamomhle Gonubie,***  
***Garden Route and Cape Town,***  
***South Africa***

**May 27th - June 7th, 2018**

**Immaculate Conception Catholic Church**  
**St. Clair, MN**

By submitting this form, I understand it is my responsibility to obtain any passports necessary for this trip if I do not hold an American Passport, I have read and agreed to all of the terms and conditions as set forth in the brochure.

**Your passport must be valid 6 months after June 7<sup>th</sup>, 2018 – Till December 8<sup>th</sup>, 2018!**

**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:
In case of an emergency please contact (name & phone):	
Please choose on the following:	
<input type="radio"/> I want to room with (give name): \$1,566 down payment	
<input type="radio"/> I need a roommate: \$1,566 down payment	
<input type="radio"/> I want a Single Room \$1,666 down payment	

**PLEASE Make first payment by 03/19/2018**