

**HORIZONS**  
**Byzantine Catholic Pilgrimage to Rome**  
**May 13-22, 2019**

**REGISTRATION FORM**

Send this form with a check payable to:  
**TZELL TRAVEL** and mail to: **FAR HORIZONS,**  
**30 Two Bridges Road, Suite 250, Fairfield, NJ 07004**

**Enclosed is my/our deposit of \$1,000 p/person for the above pilgrimage and a photocopy of the photo page of my/our passport (s).  
Homeland Security rules require that you provide us with your exact name as it appears on your PASSPORT and your date of birth.**

Name: (1) \_\_\_\_\_

**Surname      First Name      Middle Name**

Date of Birth: (1) \_\_\_\_\_

Name: (2) \_\_\_\_\_

**Surname      First Name      Middle Name**

Date of Birth: (2) \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Tel: \_\_\_\_\_

E-mail: \_\_\_\_\_

\_\_\_\_\_ I would like to occupy a single room at an additional \$699.

\_\_\_\_\_ I plan to share a twin-bedded room with

\_\_\_\_\_ I would like Far Horizons to select a roommate (if available) to share a twin-bedded room with me. If not available, I understand that I will be charged the single supplement.

Your reservation will be considered official only after your full payment has been received. Should you cancel after your reservation has been received, the cancellation penalties in the "Tour Conditions" apply. I/We have read and agree to the terms and conditions, which apply to this tour, especially noting the cancellation and responsibility clauses.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_