

## **REGISTRATION FORM**

### ***14 Day Pilgrimage to the Holy Land, Switzerland & Austria***

**Fr. Dat Hoang**

**September 3 – 16, 2020**

***St. Faustina Catholic Church – Fulshear, TX***

By submitting this registration form, I have read and agree to all terms and conditions set forth in the brochure and this form. I understand it is my responsibility to obtain any visas/re-entry permits necessary for this trip if I do not hold a U.S. Passport.

***PLEASE ATTACH A COPY OF YOUR PASSPORT TO THIS FORM.***

***Your Passports Must Be Valid 6 Months After Your Return Date!***

**PLEASE PRINT YOUR INFORMATION BELOW**

Last Name on Passport:	
First Name on Passport:	
Middle Name on Passport:	
Address:	
City/State/Zip:	
Phone Number (with area code):	
Email address:	
Passport number:	Country of issue:
Date of issue:	Expiration date:
Gender: M    F	
My date of birth is (month/day/year):	Country of birth:
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 <b>(at additional \$1,000.00)</b>	

**A NON-REFUNDABLE DEPOSIT OF \$600.00 PER PERSON – (SEE TERMS & CONDITIONS)**

PLEASE MAKE CHECKS PAYABLE TO: **INSPIRATIONAL TOURS, INC.**

PLEASE MAIL CHECKS, REGISTRATION FORM, & COPIES OF PASSPORTS TO:

**INSPIRATIONAL TOURS, INC.**

**5433 WESTHEIMER RD., STE 600**

**HOUSTON, TEXAS 77056**

***By Signing Below, I have read and agreed to all the terms and conditions as set forth in this brochure.***

**Signature X\_\_\_\_\_ Date \_\_\_\_\_**

***(No Registration Form Will Be Processed Without Signature And Date.)***