

REGISTRATION FORM



Pilgrims' Peace Center

Mailing Address: PO Box 1439, Crystal River, FL 34423
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www.pilgrimspeace.com

PILGRIMAGE TO _____ ON _____, 2011

Trip Number: _____ *Please PRINT and fill out carefully and completely!*

1. NAME (As it appears on your passport) _____
2. Mailing Address _____ City _____ State _____ Zip _____
3. Home Phone (_____) _____ Cell Phone (_____) _____ Business Phone (_____) _____
4. Email address: _____ Occupation (Current or prior to retirement) _____
5. Date of Birth _____ Age _____ Gender: _____ Male _____ Female. You are a _____ Non-Smoker _____ Smoker
6. Name or nickname as you would like it to appear on your name tag: _____
7. Emergency Contact (Not traveling with you) _____ Phone (_____) _____
8. (a) UNITED STATES PASSPORT NUMBER _____ Expiration Date _____
(b) If you have a foreign passport, the country of issue is _____ Expiration Date _____
(Persons with passports other than U.S. Passports are responsible for determining whether or not Visas are necessary and, if so, obtaining them.)
9. You plan to room with _____. (If you do not have a roommate, one will be assigned to you. A limited number of single rooms maybe available for an additional single supplement cost.)
10. Your nearest major airport is : (City and State) _____
11. _____ Payment of \$ _____ is enclosed by check and made payable to **PILGRIMAGE TOURS, INC.**
_____ Please charge my _____ VISA _____ MASTERCARD: Account Number: _____
Expiration _____ Name as it appears on card _____
3-digit security code on reverse _____. **(WE CAN ACCEPT VISA AND MASTERCARD ONLY!)**
12. _____ I will bring the \$100 tip money (IN CASH ONLY!) and present it upon arrival in Medjugorje. (If I am also traveling to Italy I will bring the additional \$175 tip money (IN CASH ONLY!) for Italy and present it upon arrival in Medjugorje.)
13. _____ I understand that Pilgrimage Tours, Inc. and Pilgrims' Peace Center recommend that I purchase a Travelex Protection Plan to protect my trip investment and myself while traveling. I have elected to do the following:
_____ I will contact Travelex Insurance Services at 1-800-228-9792 and purchase a travel protection plan.
_____ I decline to purchase this protection.

I hereby declare that I have carefully read and understand the Terms and Conditions included in this package, which constitute the sole contract between me and PILGRIMAGE TOURS, INC. and PILGRIMS' PEACE CENTER, and that payment sent constitutes acceptance thereof. I further agree for myself, and on behalf of my heirs, and my estate, to protect, indemnify and save harmless PILGRIMAGE TOURS, INC., PILGRIMS' PEACE CENTER, and MICHAEL AND SANDRA TOBIN, their heirs, assigns and representatives, from any and all loss, claims, expenses and attorney's fees, and to accept all liability arising out of or from any possible injuries or death to myself of any member of my family.



Participant's Signature: _____

Dated: _____