

REGISTRATION FORM

Pilgrimage to The Grotto ~ National Sanctuary of Our Sorrowful Mother

Portland, Oregon USA ~ December 4-6, 2017

Tour: _____
SGL DBL
Ins : _____

Please fill out the form and send it back with your Tour package payment, and Insurance Premium if applicable.

(Insurance is optional but **strongly recommended**.)

Name: # 1 (Name as it appears in your passport)			Name: # 2 (Name as it appears in your passport)		
Mr			Mr		
Mrs			Mrs		
Ms			Ms		
LAST	FIRST	MIDDLE	LAST	FIRST	MIDDLE
Address: _____ Apt. # / House # and Street Name			Address: _____ Apt. # / House # and Street Name		
City: _____ Province : _____ Postal Code: _____			City: _____ Province : _____ Postal Code: _____		
Phone: () _____ () _____ Home Work / Mobile			Phone: () _____ () _____ Home Work / Mobile		
Email Address: _____			Email Address: _____		
Passport # _____ Issuing Authority: _____			Passport # _____ Issuing Authority: _____		
Issued on: _____ Expiry on : _____ (DD/MM/YYYY) (DD/MM/YY)			Issued on: _____ Expiry on : _____ (DD/MM/YY) (DD/MM/YY)		
Date of Birth: _____ Place of Birth: _____ (DD/MM/YYYY) City, Country			Date of Birth: _____ Place of Birth: _____ (DD/MM/YYYY) City, Country		
Person to contact, in case of emergency:			Person to contact, in case of emergency:		
Name: _____			Name: _____		
Relation: _____ Phone #: _____			Relation: _____ Phone #: _____		

ACCOMODATION: Single Double - Sharing with _____

Cancellation Policy ~ The following penalties apply *if cancellation is made*:

- over 45 days before departure = \$500;
- 45-30 days before departure = 50% of tour package cost;
- 29 days or less prior to departure = 100% of tour package cost.

INSURANCE: The Comprehensive Insurance can only be purchased at time of deposit.

Age Premium

I wish to purchase Insurance: *Please select type of coverage*
(Please note: **We can only issue Insurance Policies for British Columbia resident.**)

* **Excess Hospital/Medical Insurance**
* **Excess Hospital/Medical Insurance with Cancellation Insurance Coverage**

I do not wish to purchase Insurance.

Make cheques payable to: **SAMPAGUITA TRAVEL BUREAU** For VISA/MASTERCARD/AMERICAN EXPRESS payments:

1 Name on Card: _____ Card Number: _____ Expiry Date: _____
(Cardholder #1) SC _____ MM/YY

2 Name on Card: _____ Card Number: _____ Expiry Date: _____
(Cardholder #2) SC _____ MM/YY

I authorize the amount of Deposit & Insurance premium (if I elected to purchase insurance) be charged to my card. I also authorize that the balance of the tour price (plus taxes, government fees, security, insurance & fuel surcharges) also be charged to my card by the due date which is at least 45 days prior to departure.

1 Cardholder's Signature: _____ # 2 Cardholder's Signature: _____

I have read the itinerary & its inclusions and agree to the terms & conditions outlined in the itinerary/brochure, and wish to join the tour.

1 Signature: _____ # 2 Signature: _____