

**REGISTRATION FORM**

Fátima, Lourdes and Shrines of Spain

And Spiritual Highlights of Italy ~ \_\_\_\_\_ 2018

Tour Pkg | LA only | LA + Air: **1807MSI**

Invoice number : \_\_\_\_\_

Journeys Club # : \_\_\_\_\_

Please fill out the form and return it with your non-refundable deposit (\$250-land arrangement; \$550-land+air), a photocopy of your passport and Insurance Premium, if applicable. (Insurance is optional but strongly recommended.)

Mr **Name: # 1 (Name as it appears in your passport)**

Mrs

Ms

LAST FIRST MIDDLE

Address: \_\_\_\_\_

Apt. # / House # and Street Name

City: \_\_\_\_\_ Province : \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Home Work / Mobile

Email Address: \_\_\_\_\_

Passport # \_\_\_\_\_ Issuing Authority: \_\_\_\_\_

Issued on: \_\_\_\_\_ Expiry on : \_\_\_\_\_  
(DD/MM/YYYY) (DD/MM/YY)Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
(DD/MM/YYYY) City, Country**Person to contact, in case of emergency:**

Name: \_\_\_\_\_

Relation: \_\_\_\_\_ Phone #: \_\_\_\_\_

Mr **Name: # 2 (Name as it appears in your passport)**

Mrs

Ms

LAST FIRST MIDDLE

Address: \_\_\_\_\_

Apt. # / House # and Street Name

City: \_\_\_\_\_ Province : \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Home Work / Mobile

Email Address: \_\_\_\_\_

Passport # \_\_\_\_\_ Issuing Authority: \_\_\_\_\_

Issued on: \_\_\_\_\_ Expiry on : \_\_\_\_\_  
(DD/MM/YY) (DD/MM/YY)Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
(DD/MM/YYYY) City, Country**Person to contact, in case of emergency:**

Name: \_\_\_\_\_

Relation: \_\_\_\_\_ Phone #: \_\_\_\_\_

Please provide "on-trip" contact for yourself: **Mobile** \_\_\_\_\_ **OR Email:** \_\_\_\_\_ACCOMODATION:  Single  Double - Sharing with \_\_\_\_\_

Special Dietary Meal Request (on flights): \_\_\_\_\_

Please note that **Group Seating in the aircraft is arranged by the airline.**  
Specific seat requests are not allowed.**Cancellation Policy ~** The following penalties apply *if cancellation is made:*

- over 90 days before departure = \$500;
- 61-90 days before departure = 50% of tour package cost;
- 60 days or less prior to departure = 100% of tour package cost.

**INSURANCE:** Comprehensive Insurance can only be purchased at time of deposit. I wish to purchase Insurance: I do not wish to purchase Insurance.

Globus TIP \* : \$ \_\_\_\_\_ \*Canadian citizens or residents only, excluding residents of Quebec.

Name of Beneficiary: \_\_\_\_\_ Relationship: \_\_\_\_\_

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 &amp; 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 &amp; fuel surcharges) also be charged to my card by the due date which is at least 60 days prior to departure.

# 1 Cardholder's Signature: \_\_\_\_\_ # 2 Cardholder's Signature: \_\_\_\_\_

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

# 1 Signature: \_\_\_\_\_ # 2 Signature: \_\_\_\_\_