REGISTRATION FORM

Pilgrimage to Mexico and Our Lady of Guadalupe ~ Fr. Nuñez

July 16-22 , 2018

Tour Pkg | LA only | LA + Air: 1807MEX

_____ _____

_____ _____

Please fill out the form and return it with your non-refundable deposit $300, a photocopy of your passport and Insurance Premium, if applicable. ***(Insurance is optional but strongly recommended.)***

Mr
Mrs
Ms

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

_____

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
Mrs
Ms

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

_____

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 #: _____

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

☐ I wish to purchase Insurance: ***Please indicate which Plan:*** ○ **Plan A** ○ **Plan B** ○ **Plan C**

Name of beneficiary : _____ **Relation :** _____

(Please note: We can only issue Insurance Policies for British Columbia residents.)

☐ 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 60

 # 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: _____

Sampaguita Travel Bureau | 4601 Main Street Vancouver, BC V5V 3R6 ☎604 874 9533 🖷604 8747418 Toll Free 1 888 874 9533 | BC Registration 1090