

REGISTRATION FORM

Pilgrimage to Italy with Fr. Larry Lynn

April 23-May 02, 2018

Tour Pkg		LA only		LA + Air:
Invoice number	:	_____		
Journeys Club #	:	_____		

Please fill out the form and **mail it with your non-refundable deposit \$550.00, 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 #: _____		
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 45 days before departure = 25% of tour package cost;
- 45-30 days before departure = 50% of tour package cost;
- 29 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 & 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: _____