

REGISTRATION FORM

16 Day Shrines of France, Spain, & Portugal

September 30- October 15, 2014

Rev. Robert C. Pasley, KCHS

Pilgrimage Leader: Paul Mazoch

Tour Coordinator: Betty Urbanovsky

Diane Friend & Lisa Bubela

I understand it is my responsibility to obtain any visas/re-entry permit necessary for this trip if I don't hold an American Passport. I have read and agreed to all the terms and conditions as set forth in this brochure.

PLEASE PRINT

PLEASE ATTACH A COPY OF YOUR PASSPORT

Last Name on Passport:	
First Name on Passport:	
Middle Name on Passport:	
Address:	
City/State/Zip:	
Phone (including area code):	
Email address:	
Passport number:	Place of issue:
Date of issue:	Expiration date:
My date of birth is (month/day/year):	Gender: M F
In case of emergency please contact (name & phone):	
Please choose one of the following:	
<input type="radio"/> I want to room with (give name):	
<input type="radio"/> I need a roommate	
<input type="radio"/> I want a Single Room (at additional \$700.00 per person)	

A DEPOSIT OF \$300.00 PER PERSON- *(SEE TERMS & CONDITIONS)*

PLEASE MAKE CHECKS PAYABLE TO: **Inspirational Tours, Inc.**

PLEASE MAIL CHECKS AND REGISTRATION FORMS ALONG WITH A COPY OF YOUR PASSPORTS TO:

**Paul Mazoch
15015 Kelvin Ave
Philadelphia, PA 19116**