

TERRA SANCTA TRAVEL CENTER

TRAVEL REGISTRATION FORM
A PILGRIMAGE TO THE HOLY LAND & ROME

Host: Deacon John and Jane Hubbarth

TOUR #: IAD-1005/13D

Passenger Information:

Last Name _____ First Name _____
(As it appears on your passport) (As it appears on your passport)

Street: _____ Apt: _____ City _____ State _____ Zip _____

Home Phone: (____) _____ Cell Phone: (____) _____ Email Address: _____

Birth Date: ____/____/____ (Month/ Day/ Year) Sex: M F Age: _____

Citizen of USA Y N Other (Specify): _____

Passport Number _____ Expiration ____/____/____ (Must be valid at least 6 months from date of departure)
(MM / DD / YYYY)

Emergency Contact (In the USA): _____ Relation: _____ Phone: (____) _____

Your Roommate: _____ I request a single room (limited availability and additional cost of \$750)

Desired Name Printed on Name Tag (may be a nickname) _____

_____ **(Please Sign)** I acknowledge that airline tickets are non-refundable, non-transferable, and are subject to airline cancellation fees and policies. *No registrations will be accepted without signed acknowledgement.*

Kindly mail registration form with your deposit to:

Terra Sancta Travel Center – 1934 Old Gallows Rd. Ste. 350 Vienna, VA 22182

Tour Price: Cash/Check discount is \$3995. Regular/Credit Card Price is \$4155

Credit Card (Regular/Full Price is \$4155):

Card holder's name (print): _____ Card No: _____

Exp. Date: _____ Security Code on card: _____ Amount: _____

Billing Address: _____ City: _____ State: _____ Zip: _____

Signature Passenger 1 _____

