

Registration Form – Pilgrimage to Philadelphia 8th World Meeting of Families Philadelphia 2015

Only departure on September 20, 2015

Please consider my deposit of \$500 per person for the Tour in reference.

With the payment I acknowledge to have read, understand and agree to the terms and conditions attached to the promotional brochure, I pledge to make the full payment before August 10, 2015.

PLEASE CLEARLY PRINT YOUR NAME AS IT APPEARS ON YOUR PASSPORT OR DRIVER'S LICENSE

Name (s): _____ Last (s): _____
Address: _____ Apt: _____
City: _____ State _____ Zip: _____
Home phone: _____ Mobil Phone _____
E-mail: _____
Date of birth: DD _____ MM _____ YEAR _____
Emergency contact person: _____
Emergency phone #: _____ Relationship: _____
Do you have any health problems? Yes _____ No _____
Please explain: _____
Sing: _____ Date: _____

Please fill out the appropriate box:

- I want to share room with: Mr. Mrs. _____ Last name _____
- Please look for a roommate for me. I understand that if there is no chance to find someone to share a room I will be obliged to pay an additional fee; all accommodations are for double beds.
- I want to stay in single room (I cannot share room with someone else) and I understand that I must pay an additional fee that I will be indicated at the time of my registration that is subject to availability and confirmation.

PAYMENTS (Payments and deposits can be carried out either with personal checks, Cashiers Checks, credit card, - Visa, Master Card or American Express - Credit card payments have a surcharge of 3% to the total value)