

REGISTRATION FORM

11 Day Pilgrimage to the Holy Land

October 10 - 20, 2021

Fr. Francis Macatangay

St. Cecilia Catholic Church - Houston, TX

By submitting this form, 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. **Your Passport Must Be Valid 6 Months AFTER Your Return Date.**

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="checkbox"/> I want to room with (give name):	
<input type="checkbox"/> I need a roommate	
<input type="checkbox"/> I want a Single Room (at additional \$700.00)	

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 COPIES OF YOUR PASSPORTS TO:

**INSPIRATIONAL TOURS, INC
5433 WESTHEIMER, SUITE 600
HOUSTON, TEXAS 77056**

By Signing Below, I have read and agreed to all the terms and conditions as set forth in this brochure.

Signature X _____ Date _____

(No Registration Form Will Be Processed Without Signature And Date.)