

PILGRIMAGE REGISTRATION FORM PLEASE COMPLETE AND
RETURN **ALONG WITH A COPY OF THE INSIDE COVER OF
YOUR PASSPORT**

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Name of Pilgrimage and Date:		Deacon Dale Ireland Oct 27 – Nov 3, 2019	
Name/s of Pilgrim/s: (As it appears on you passport/s)			
<u>Birthdate/s for each pilgrim:</u>			
Address:		Home:	
City:		Work:	
State:		Cell:	
Zip:		Email:	
Emergency Contact Name:			
Phone:			
Relationship:			
<input type="checkbox"/>			
<input type="checkbox"/>		I would like Franciscan Spirit Tours to arrange my flight into and out of	
<input type="checkbox"/>		Originating city will be: Chicago	
<input type="checkbox"/>		I will be traveling alone.	
<input type="checkbox"/>		I will be traveling with others. Name(s):	
<input type="checkbox"/>		I have no preference as to whom I room with. I would like to room	
<input type="checkbox"/>		with:	
<input type="checkbox"/>		I would like a Single Room (Supplemental charge will apply)	
Enclosed is a check or Money Order for \$250 made out to Franciscan Spirit Tours			
<input type="checkbox"/> Please bill my Visa or MC. PLEASE NOTE THERE IS A 4% SERVICE CHARGE			
Where did you hear about Franciscan Spirit Tours?			
Please be sure to read and sign the back of this form.			