



TERRA SANCTA TRAVEL CENTER

A PILGRIMAGE TO SHRINES OF FRANCE

TRAVEL REGISTRATION FORM

TOUR #: IAD-0415/12D

Passenger #1:

Clearly print your full name as it appears on your passport

Last Name: _____

Middle Name: _____

First Name: _____

Birth Date ____/____/____ (MM/DD/YYYY)

Sex: M F Country of Citizenship _____

Address _____

City _____ State _____ Zip _____

Email _____

I consent to receive promotional emails about your services

Home Phone (____) _____

Cell Phone (____) _____

Passport # _____

Expiration Date ____/____/____ (MM/DD/YYYY)

(Must be valid for 6 months post return)

Emergency Contact: _____ Relation: _____ Phone: _____

Name for Badge (Nickname) _____

FIRST DEPOSIT (DUE NOW): \$500.00

Check Discount/Check Price: \$4899 per traveler

Travel Insurance: \$313 per traveler

MAKE CHECK PAYABLE TO: Terra Sancta Travel Center

Mail Check to:

**7 Hobart Ln
Fredericksburg, VA 22405**

Passenger #2:

Clearly print your full name as it appears on your passport

Last Name: _____

Middle Name: _____

First Name: _____

Birth Date ____/____/____ (MM/DD/YYYY)

Sex: M F Country of Citizenship _____

Address _____

City _____ State _____ Zip _____

Email _____

I consent to receive promotional emails about your services

Home Phone (____) _____

Cell Phone (____) _____

Passport # _____

Expiration Date ____/____/____ (MM/DD/YYYY)

(Must be valid for 6 months post return)

Emergency Contact: _____ Relation: _____ Phone: _____

Name for Badge (Nickname) _____

Accommodation Desired:

Double room sharing with _____

Single Room \$750 extra per person)

Random Roommate (I understand if no roommate is found, the single supplement charge will be added to my account)

For Credit Card or Bank

Payment:

Register for this tour online at

www.terrastc.com



This registration form serves as your acceptance of the policies, terms and conditions as outlined in this brochure. 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. **For Pre-Existing Medical Conditions Exclusion Waiver, insurance plan must be purchased within 15 days of Initial Trip Payment.**

Signature

Passenger 1: _____

Passenger 2: _____

PLEASE INCLUDE A CLEAR PHOTOCOPY OF YOUR PASSPORT WITH THIS REGISTRATION FORM