



TERRA SANCTA TRAVEL CENTER

A PILGRIMAGE TO GRAND ITALY – FR. ANTHONY HANGHOLT

TRAVEL REGISTRATION FORM

TOUR #: IAD-0617/12D

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: \$4799 per traveler
- Travel Insurance: Travel Insurance: We have different plans. Please check our website for how to file for insurance at: <https://terrastc.com/travel-protection/>
*Available only for travelers with primary residence in USA or Canada

MAKE CHECK PAYABLE TO: Terra Sancta Travel Center

Mail Check to:

**1934 Old Gallow Rd. Ste 350
Vienna, VA 22182**

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 \$950 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 (extra fees) 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