



# TERRA SANCTA TRAVEL CENTER

## A PILGRIMAGE TO MARIAN SHRINES – FR. MAURICIO PORTILLO

### TRAVEL REGISTRATION FORM

**TOUR #: IAD-1019/13D**

#### **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: \$4499 per traveler

**For Credit Card or Bank Payment (extra fees):**

**Register for this tour online at**

[www.terrastc.com](http://www.terrastc.com)

#### **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 \$850 extra per person)

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

**MAKE CHECK PAYABLE TO: Terra Sancta Travel Center**

**Mail Check to:**

**72 Colemans Mill Dr. Fredericksburg, VA 22405**

**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

**For Pre-Existing Medical Conditions Exclusion Waiver, insurance plan must be purchased at or before final payment.**

This is intended as a general description of certain types of insurance and services available to qualified customers through the companies of Zurich in North America, provided solely for informational purposes. Travelers Insurance Services Inc. CA Agency license #0D10209. Insurance coverages underwritten by individual member companies of Zurich in North America, including Zurich American Insurance Company (NAIC # 16535).

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.

#### **Signature**

Passenger 1: \_\_\_\_\_

Passenger 2: \_\_\_\_\_

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