



# TERRA SANCTA TRAVEL CENTER

## A PILGRIMAGE TO MARIAN SHRINES

### TRAVEL REGISTRATION FORM

**TOUR #: IAD-0907/14D**

#### **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: sign up online at  
<https://terrastc.com/travel-protection/>

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

##### **Mail Check to:**

**72 Colemans Mill Dr.  
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 \$999 (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**

<https://terrastc.com/tour/marian-shrines-pilgrimage-under-the-spiritual-direction-of-fr-andrew-heintz/>

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**