



# TERRA SANCTA TRAVEL CENTER

## A PILGRIMAGE TO THE WONDERS OF PERU

### TRAVEL REGISTRATION FORM

TOUR #: IAD-0405/12D

#### **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: 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)

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 or Bank**

##### **Payment:**

Register for this tour online at

<https://terrastc.com/tour/wonders-of-peru-pilgrimage-under-the-spiritual-direction-of-fr-jerry-wooton/>

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**