

HOLY LAND TRAVEL CENTER

TRAVEL REGISTRATION FORM

A Pilgrimage to Italy

Host: **Father Ed Wills**

Tour #: **MCI-1003/15D**

Passenger Information:

Last Name _____ First Name _____
(As it appears on your passport) (As it appears on your passport)

Street: _____ Apt: _____ City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Cell Phone: (____) _____ Email Address: _____

Birth Date: ____/____/____ (Month/ Day/ Year) Sex: M F Age: _____

Citizen of USA Y N Other (Specify): _____

Passport Number _____ Expiration ____/____/____ (Must be valid for 6 months post departure!)

Emergency Contact (In the USA): _____ Relation: _____ Phone: (____) _____

Your Roommate: _____ I want a single room (limited availability and additional cost of \$750)

Desired Name Printed on Name Tag (may be a nickname) _____

_____ **(Please Sign)** 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.*

Kindly mail registration form with your deposit to:

Holy Land Travel Center – 5310 S. 139th Plaza Suite 101 - Omaha, NE 68137

Tour Price: Cash/Check discount is \$4799. Regular/Credit Card Price is \$4999

Credit Card (Regular/Full Price is \$4999):

Card holder's name (print): _____ Card No: _____

Exp. Date: _____ Security Code on card: _____ Amount: _____

Billing Address: _____ City: _____ State: _____ Zip: _____

Signature Passenger 1 _____