SHRINES OF ITALY
PILRIMAGE

WITH FR. ALDRIN TAYAG
REGISTRATION FORM

Tour # PAX-0622/11D

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)

Name for Badge (Nickname)_____

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)_____

Emergency Contact: _____ Relation: _____ Phone: _____

FIRST DEPOSIT (DUE NOW): $500.00

☐ Check Discount/Check Price: $5499 per traveler

☐ Travel Insurance: Visit www.paxvia.com/travel-protection For pre-departure cancellation coverage and for pre-existing medical condition exclusion waiver, the plan insurance must be purchased at or before final payment.

Make Check Payable to: Pax Via Tours & Travel

Mail Check to:

9939 Hibert Street Suite 106
San Diego, CA 92131

Accomodation Desired:

❑ Double room sharing with_____

❑ Single Room ($1350 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 Payment: Scan Code or go to www.paxvia.com to register

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

Signature

Passenger 1: _____ Passenger 2: _____

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