

**A PILGRIMAGE TO POLAND,  
CZECH REPUBLIC, &  
AUSTRIA**  
**WITH FR. JAYA NUTHULAPATI & FR. SIMON NATHA**  
**REGISTRATION FORM**

**Tour #SFO-1011/14D**

**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: \$4999 per traveler

**Travel Insurance:** Visit [www.paxvia.com/travel-protection](http://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**

**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 (\$1250 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](http://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 acknowledgement. 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**