A PILGRIMAGE TO POLAND, CZECH REPUBLIC & AUSTRIA

WITH REV. ENGELBERTO GAMMAD

REGISTRATION FORM

Tour # SFO-0927/10D

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)

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) _____

Name for Badge (Nickname) _____

FIRST DEPOSIT (DUE NOW): $500.00

☐ Check Discount/Check Price: $4499 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 ($800 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 acknowledgement. **For Pre-Existing Medical Conditions Exclusion Waiver, insurance plan must be purchased at or before the final trip payment.**

Signature

Passenger 1: _____ Passenger 2: _____

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