

REGISTRATION FORM
(ONE FORM FOR MARRIED COUPLES)

Name of Tour: _____

Dates: _____

Full Name: (as on Passport)

A) _____ B) _____

Birthdate: _____ B) _____

Mailing Address: _____

Email: (If you are not on email, please provide email address of family member or friend who would be willing to receive & print travel documents for you)

Email address: _____

Telephone: Home _____ Work: _____ Cell: _____

Aeroplane # (if applicable): _____

Request: Single accommodations _____ or sharing with: _____

Credit Card: MC _____ Visa _____ No. _____

Expiry Date: _____ Security Code: _____

If you would prefer to phone your credit card information please call:

Fr. Ralph Kleiter, Ministry to Tourism: Tel:306-244-3747;

Fax: 306-374-1208 email: Kleiter@Shaw.ca ; www.pilgrimjourneys.ca

Photocopy of Passport: Provided: _____ Registration required: _____

Initial deposit \$ _____ by cheque payable to "Ministry of Tourism" _____

Date: _____ Signature: _____

Remarks: