TERRA SANCTA TRAVEL CENTER

TRAVEL REGISTRATION FORM
A PILGRIMAGE TO THE HOLY LAND & ROME

Host: Deacon John and Jane Hubbarth **TOUR #: IAD-1003/13D**

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 at least 6 months from date of departure)
(MM / DD / YYYY)

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

Your Roommate: _____ □ I request 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:
Terra Sancta Travel Center – 7 Hobart Lane Fredericksburg, VA 22405
Tour Price: Cash/Check discount is $3995. Regular/Credit Card Price is $4155

□ **Credit Card (Regular/Full Price is $4155):**

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

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

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

Signature Passenger 1 _____

7 HOBART LN.
FREDERICKSBURG, VA 22405

EMAIL: INFO@TERRASTC.COM
WEBSITE: WWW.TERRASTC.COM
TEL. (888) 798-3772