

Reservation
Number

86668

REGISTRATION FORM

ROME & ASSISI – NOVEMBER 7-16, 2024

Recd ___/___/___

Time _____

By _____

PLEASE PRINT LEGIBLY.

One form per person

Include information EXACTLY as it appears on your passport.

LAST NAME: _____

FIRST NAME: _____

MIDDLE NAME: _____

DATE OF BIRTH: _____

STREET ADDRESS: _____

CITY / STATE / ZIP: _____

EMAIL: _____

CELL: _____

PASSPORT INFORMATION

Attach a photocopy of the inside page of your passport.

NUMBER: _____

DATE OF ISSUE: _____

EXPIRATION DATE: _____

NATIONALITY: _____

Initial here _____
if your passport is in the
process of being renewed.
We must have your passport
info by August 24, 2024.

PAYMENT

Your deposit of **\$750.00*** must be paid by check payable to **Saint Clare of Assisi** and be included with this form. The balance of your account will be billed to you by **GROUP IST** (operating as Regina Tours). You may pay in installments by check or credit card (Visa, MC, or AMEX) by the deadline of **August 24**.

NAME ON CARD: _____

CARD NUMBER: _____

EXPIRATION: ____/____ SECURITY CODE: _____ ZIP: _____

SIGNATURE: _____

With my signature, I hereby authorize Regina Tours to charge my credit card on future billings.

***\$700.00** if received by **April 8, 2024** in the parish offices.

Hotel accommodation is double occupancy.

I am sharing my room with (name): _____

I am traveling alone and will pay the single supplement of \$1,400. *Initial here:* _____

EMERGENCY CONTACT

NAME: _____

CELL: _____

EMAIL: _____

RELATIONSHIP TO YOU: _____

Your Delta SkyMiles account number: _____

Note: Some airline group fares do not award frequent flyer miles. Seating is strictly under the control of the airline. Upgrades cannot be requested by the tour operator.

INSTRUCTIONS

1. Complete this form entirely (one per person).
2. Include deposit CHECK payable to SAINT CLARE OF ASSISI of \$750 per person.
3. Include a photocopy of your passport.
4. Include the completed PASSENGER AGREEMENT form from Regina Tours. Be sure to sign and date it.
5. Turn in all the above to FATHER WEST in the parish offices at 225 Seven Farms Drive, Suite 100, Daniel Island, from Mondays to Thursdays, 9:00 a.m. to 5:00 p.m.

QUESTIONS? Contact Father West at gwest@clare.church or 843.471.2672. Parish staff members are not authorized to assist with this pilgrimage.