Tekton Ministries

PILGRIMAGE REGISTRATION FORM

Pilgrimage: _____

Date: _____

Pilgrim Information (separate form for each pilgrim): Please Print

First Name:(exactly as on passport) _____ Middle Initial: _____

Last Name: _____ Gender: ☐ **M** ☐ **F**

Name: (as you want on name tag) _____

Passport #_____ Date Issued_____ Date Expires_____

Country of Issue: _____Citizenship: _____ Other _____

** Passport must be valid for 6 months from day of return**

Date of Birth ____/____/_____ *(month/day/year)* Parish:_____

Home Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Work _____ Cell _____

E-mail (Please Print Clearly) _____

Emergency Contact Name _____

Home Phone _____ Work Phone _____

Your departure Airport _____

Special Health Care needs (i.e. diabetic, special meal requests, physical limitations, etc.):
_____

Room Assignment Information:

Single Room Supplement *(based only upon availability)*   Yes _____   No_____

Please assign me a roommate *(based only upon availability)* Yes _____   No_____

I would like to room with:_____

Deposit Information:

Deposit due with registration: $300.00 Circle one: Check / Visa / MC / Discover

Name as it appears on credit card:_____

Card #: _____ Exp. Date:_____ Sec. Code: _____

*A 4% service charge added for any credit card charges

You have my permission to share my name/address with other individuals on this pilgrimage: _____Yes _____No

Please review pilgrimage brochure for itinerary details, explanation of cancellation policy, terms and conditions and final payment information. All pilgrims will receive a "Welcome Pilgrim" letter once the registration form is received.

Your signature on this form indicates that you understand and accept the terms and conditions of travel.

Date:_____ Pilgrim Signature:_____

Office Use: