



Tekton Ministries

PILGRIMAGE REGISTRATION FORM

Pilgrimage: _____

Date: _____

Pilgrim Information (separate form for each pilgrim):

Please Print Exactly as on Passport

First Name: _____ Middle Name: _____

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: _____

MAIL TO:

Tekton Ministries
9924 Cedar Ridge Dr.
Carmel, IN 46032

FOR FURTHER INFORMATION:

Office - (317) 574-4191

Toll free - (866) 905-3787

Email: pilgrimage@
tektonministries.org

www.tektonministries.org

****Travel Insurance is
strongly recommended****

- CSA Travel Insurance plans cover all valid, documented reasons for cancellation.
- To cover pre-existing conditions, insurance must be purchased prior to or within 24 hours of your final payment.
- If you want a "cancel for ANY reason" policy, it must be purchased at the time of your initial deposit.

Office Use: