

RESERVATION FORM MUST BE COMPLETELY FILLED OUT FOR PROCESSING

PASSPORT INFORMATION REQUIRED  
**PLEASE PRINT CLEARLY**

DATE OF PILGRIMAGE: \_\_\_\_\_

DEPARTURE CITY / AIRPORT: \_\_\_\_\_

Surname: \_\_\_\_\_

Given name: \_\_\_\_\_

**NOTE: Name on passport must match name given above for ticketing.**

NAME PREFERRED ON NAME BADGE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_ ZIP CODE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

E-MAIL ADDRESS: (Optional) \_\_\_\_\_

DO YOU HAVE A VALID UNITED STATES PASSPORT? YES / NO

COUNTRY PASSPORT ISSUED: \_\_\_\_\_ PASSPORT NUMBER: \_\_\_\_\_

PASSPORT EXPIRATION DATE: \_\_\_\_\_

ROOMMATE CHOICE: \_\_\_\_\_

ARE YOU INTERESTED IN PURCHASING TRAVEL INSURANCE? YES / NO

DO YOU NEED A WHEELCHAIR? YES / NO

EMERGENCY CONTACT NAME: \_\_\_\_\_

EMERGENCY CONTACT PHONE NUMBER: \_\_\_\_\_

RESERVATIONS ARE MADE UPON DEPOSIT OF **\$500.00 PER PERSON**  
BALANCE IS DUE NO LATER THAN 90 DAYS PRIOR TO DEPARTURE

**MAKE CHECKS PAYABLE TO:**  
QUEEN OF PEACE PILGRIMAGES LLC  
PO BOX 222  
ARVADA, CO 80001

I HAVE READ AND REVIEWED ALL INFORMATION WHICH OUTLINES THE LIMITATIONS OF ALL TERMS AND CONDITIONS AS STATED ON THE TRAVEL SECTION. MY PAYMENT FOR A TOUR SHALL CONSTITUTE MY ABSOLUTE CONSENT TO ALL PROVISIONS LISTED.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_