

# 15 DAY PILGRIMAGE TO MARIAN SHRINES

## REGISTRATION FORM

Fr. Augustine

### Tour # ATL-0913/15D

Clearly print your full name as it appears on your passport

Last Name: \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_

Middle Name: \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

First Name: \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ (MM/DD/YYYY)

Sex:  M  F Country of Citizenship \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

I consent to receive promotional emails about your services

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Passport # \_\_\_\_\_

Desired Name printed on Badge: \_\_\_\_\_

Expiration Date \_\_\_\_/\_\_\_\_/\_\_\_\_ (MM/DD/YYYY)

(Must be valid for 6 months post return)

Emergency Contact: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

**Accommodation Desired:** Departure City: Raleigh, NC (RDU) \_\_\_\_\_ OR Atlanta, GA (ATL) \_\_\_\_\_

TSA Pre check # \_\_\_\_\_

Food Allergies: \_\_\_\_\_

Double room sharing with \_\_\_\_\_

Single room (\$1,100 extra per person)

(n/a if requesting random assignment)

### FIRST DEPOSIT (DUE NOW): \$1000.00

Check Discount/Check Price: \$4999 per traveler

Credit Card Full/Credit Card Price: \$5249 per traveler

Card holder's name: \_\_\_\_\_

Card No: \_\_\_\_\_

Exp. Date: \_\_\_\_/\_\_\_\_

Security Code on card: \_\_\_\_\_

Amount: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Use as default for future payments for this trip

### MAKE CHECK PAYABLE TO:

ABBA Tours

**MAIL TO:** ABBA Tours  
3200 Brooks Drive  
Snellville, GA 30078

This registration form serves as your acceptance of the policies, terms and conditions as outlined in this brochure. 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. **For Pre-Existing Medical Conditions Exclusion Waiver, insurance plan must be purchased within 15 days of Initial Trip Payment.**

Passenger 1 Signature: \_\_\_\_\_

**PLEASE INCLUDE A CLEAR PHOTOCOPY OF YOUR PASSPORT WITH THIS REGISTRATION FORM**

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