

REGISTRATION FORM

Fr. Augustine

Rev. Mattathilanickal

Tour # ATL-1001/11D

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 _____ ☐ I consent to receive promotional emails about your services

Address _____
City _____ State _____ Zip _____

Passport # _____ Expiration Date ____/____/____ (MM/DD/YYYY)
(Must be valid for 6 months post return)

Desired Name printed on Badge: _____

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 (\$900 extra per person)

(n/a if requesting random assignment)

FIRST DEPOSIT (DUE NOW): \$1000.00

- ☐ Check Discount/Check Price: \$4699 per traveler
☐ Credit Card Full/Credit Card Price: \$4899 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