

PILGRIMAGE REGISTRATION FORM

Date and Location of Pilgrimage _____
Name of Priest/Director _____

Pilgrim Information: Please Print

Name (First, Middle, and Last) _____
Name (as printed on passport) _____
Name (as you want on name tag) _____

Passport # _____ Date Issued _____ Date Expires _____

Country of Issue: _____ Citizenship: US _____ Other _____

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

Date of Birth ____/____/____

Address _____

City _____ State _____ Zip Code _____

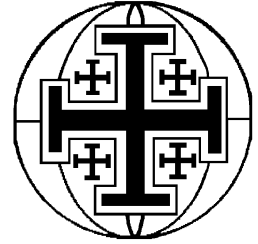
Home Phone _____ Work Cell Phone _____

Fax _____ E-mail _____

Emergency Contact Name _____

Home Phone _____ Work Phone _____

Special Health Care needs (i.e. diabetic, physical limitations, etc.)



Mail to:

**Tekton Ministries
9924 Cedar Ridge Dr.
Carmel, IN 46032
Or
Fax: (317) 574-4195**

**For further information
call (317) 574-4191 or
Toll free (866) 905-3787**

Email: pilgrimage@tektonministries.org

Room Assignment Information:

Single Room Supplement Yes _____ No _____

Please assign me a roommate Yes _____ No _____

I would like to room with _____

Transportation Information:

Closest airport you will depart from _____

Special meal requested Yes _____ No _____

Describe special meal request _____

Deposit Information:

Deposit due with registration - \$300.00 Please circle one: Check / Visa / MC / Discover

Name as it appears on credit card: _____

Card Number: _____ Exp. Date: _____

***A 4% service charge will be added with any credit card charge**

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 this pilgrimage.

Date: _____ Pilgrim Signature: _____