



Holy Land 2019 **PILGRIMAGE REGISTRATION FORM**

Name _____

As it appears on your passport

Address _____

Nickname _____

if you go by a name other than the one on your passport

Gender _____

Cell _____

Phone _____

Email _____

Sharing a room with _____

AGREEMENTS

By signing below, I confirm that I understand the following:

- I must have a valid passport to travel to Jordan and Israel and my passport must be valid for a minimum of 6 months beyond the duration of my stay (through September 2019).
- Moderate walking, including carrying my luggage for short distances, is part of this pilgrimage.
- Travel insurance is strongly encouraged.
- My registration includes a non-refundable \$1,000 deposit. Should I cancel my participation, I must notify St Katharine Drexel in writing and I understand that refunds will be determined by the schedule described in the itinerary.

Signature _____

PAYMENT INFORMATION

Your registration is not complete until you have made your \$1,000 non-refundable deposit. Please attach a check (payable to St Katharine Drexel). Second payment of \$1,000 due by December 20 and balance by February 10.

PAYMENT AMOUNT full (\$3,000) deposit (\$1,000) Check # _____

Mail to St Katharine Drexel, ATTN Holy Land Pilgrimage, 7101 143rd Ave NW-Suite G, Ramsey MN 55303