



## **REGISTRATION FORM**

## Southwestern Lieutenancy of the Equestrian Order of the Holy Sepulchre 13 Day Europe & Oberammergau Passion Play Pilgrimage Bishop Wm. Michael Mulvey, STL, DD August 10 - 22, 2022 Roman Catholic Diocese of Corpus Christi

By submitting this registration form, I have read and agree to all terms and conditions set forth in the brochure and this form. I understand it is my responsibility to obtain any visas/re-entry permits necessary for this trip if I do not hold a U.S. Passport.

PLEASE ATTACH A COPY OF YOUR PASSPORT TO THIS FORM.

<u>Your passports should be valid 6 months after your return date!</u>
PLEASE PRINT YOUR INFORMATION BELOW

First Name on Passport:  Middle Name on Passport:  Address: City/State/Zip:  Phone Number (with area code): Email address:  Passport number:  Country of issue:  Date of issue:  Expiration date:  Gender: M F  My date of birth is (month/day/year):  Country of birth:  In case of emergency please contact (name & phone):
Address: City/State/Zip:  Phone Number (with area code): Email address:  Passport number:  Country of issue:  Date of issue:  Expiration date:  Gender: M F  My date of birth is (month/day/year):  Country of birth:
City/State/Zip:  Phone Number (with area code):  Email address:  Passport number:  Country of issue:  Date of issue:  Expiration date:  Gender: M F  My date of birth is (month/day/year):  Country of birth:
Phone Number (with area code):  Email address:  Passport number:  Country of issue:  Date of issue:  Expiration date:  Gender: M F  My date of birth is (month/day/year):  Country of birth:
Email address:  Passport number:  Country of issue:  Date of issue:  Expiration date:  Gender: M F  My date of birth is (month/day/year):  Country of birth:
Email address:  Passport number:  Country of issue:  Date of issue:  Expiration date:  Gender: M F  My date of birth is (month/day/year):  Country of birth:
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Gender: M F  My date of birth is (month/day/year): Country of birth:
Gender: M F  My date of birth is (month/day/year): Country of birth:
My date of birth is (month/day/year): Country of birth:
In case of amorgangy places contact (name & phone).
in case of emergency please contact (name & phone):
Please choose one of the following:
I want to room with (give name):
I need a roommate
○ I want a Single Room <b>(at additional \$800.00)</b>
A NON-REFUNDABLE DEPOSIT OF \$600.00 PER PERSON - (SEE TERMS & CONDITION
PLEASE MAKE CHECKS PAYABLE TO: INSPIRATIONAL TOURS, INC.
PLEASE MAIL CHECKS, REGISTRATION FORM, & COPIES OF PASSPORTS TO: INSPIRATIONAL TOURS, INC.
5433 WESTHEIMER RD., STE 600
HOUSTON, TEXAS 77056
By signing this registration form you acknowledge that you have read and are in full agreen with the Terms and Conditions in the brochure.
Signature: Date: