REGISTRATION FORM

Southwestern Lieutenancy of the Equestrian Order of the Holy Sepulchre

14 Day Pilgrimage Retreat to the Holy Land

Very Rev. Norbert Maduzia Jr., E.V., D.Min. **January 24 – February 6, 2027**

St. Ignatius Loyola Catholic Church – Spring, TX

By submitting this form, I understand it is my responsibility to obtain any visas/re-entry permit necessary for this trip if I don't hold an American Passport.

Your Passports Should Be Valid 6 Months After Your Return Date!

PLEASE ATTACH A COPY OF YOUR PASSPORT TO THIS FORM.

PLEASE PRINT YOUR INFORMATION BELOW

Last Name on Passport:
First Name on Passport:
Middle Name on Passport:
Name You Prefer on Name Tag:
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):
Please choose one of the following:
⬭ I want to room with (give name):
⬭ I need a roommate
⬭ I want a Single Room **(at additional $1,000.00)**

A NON-REFUNDABLE DEPOSIT OF $300.00 PER PERSON – (SEE TERMS & CONDITIONS)

PLEASE MAKE CHECKS PAYABLE TO**: INSPIRATIONAL TOURS, INC.**

PLEASE MAIL CHECK, REGISTRATION FORM, & COPY OF PASSPORT TO:

INSPIRATIONAL TOURS, INC.
5433 WESTHEIMER RD., STE 600
HOUSTON, TEXAS 77056

By Signing Below, I have read and agreed to all the terms and conditions as set forth in this brochure. Signature X_____ Date _____

(No Registration Form Will Be Processed Without Signature and Date.)