



REGISTRATION FORM
Southwestern Lieutenancy of the Equestrian Order
of the Holy Sepulchre

16 Day Family Pilgrimage to Italy, the Holy Land & Jordan

June 7 - 22, 2027

Rev. Jonathan Erdman, KHS
Personal Ordinariate of the Chairs of St. Peter
St. Francis of Assisi, Louisville, KY

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 wish to have on your 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:	
<input type="radio"/> I want to room with (give name):	
<input type="radio"/> I need a roommate	
<input type="radio"/> I want a Single Room (at additional \$1,500.00)	

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

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 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.)