| Ple  | ease Complete this form of  | and Mail/Fax or e-mai  | l with Payment to Addi   | ress Below   |
|--|---|--|--|--|
| Enclosed is my deposi  | t for: Marian Shrines of Fra  | nce / July 3 - 17, 2017  | Group Name: Fr. Scott / D  | an's Travel  |
| PASSENGER #1 NAME:   |   |  |  |  |
|  | Clearly <u>Print</u> as it appears  | s in your passport: (Last,   | First, Middle)   |  |
| Rooming With:  |   | Single Room (a   | dditional Cost): $\square$ Yes $\square$ No  | Smoking: ☐ Yes ☐ No  |
| PASSENGER #1 Passpor   | t No.:(Passport must not expire fo  |  | Gender:  | Date of Birth:(Month/Day/Year)   |
| PASSENGER #2 NAME:   |   | •  | Tr. A. M. I.H.   |  |
|  | Clearly <u>Print</u> as it appears  |  |  |  |
| PASSENGER #2 Passpor   | t No.:(Passport must not expire for 6 i   |  | Gender:  | Date of Birth:(Month/Day/Year)   |
| Home Address:  |   | City:  | St   | ate Zip  |
| Home Phone:  | Cell I  | Phone:   | Email:   |  |
|  | E   | Emergency Contact Information  | n Below:   |  |
| Name:  |   | hone:  | Relationship:  |  |
| Enrollment in and  | payment for the tour con  | stitutes your acceptan   | e of the program Tern  | ns and Conditions.   |
| Option A:   I am payi  | ng my deposit with a check  | (please make check payo  | ble to: "Heart and Soul  | Travel, LLC")  |
| Option B:   I am paying  | my deposit with a credit card (2  | .5% surcharge per transaction v  | vill apply)  |  |
| Amount Enclosed: (Deposit x # of Passengers)   |   | Deposit require  | d: \$500.00 per passeng  | er   |
| Credit Card #  |   |  | Expiration Date:(*3 or 4 digit number of   | * Sec Code<br>on back of Credit. Card)   |
| Name that appears on Cre   | dit Card:   | Credit Card  | holder Signature:  |  |
| TSA Regulations require that following: Passenger's Passp Expiration Date, in order to be incur severe monetary penalt to inaccurate or incomplete in travel documents at the passes | ies. ALL INFORMATION on the pass<br>aformation provided by a passenger or                                 | ication along with their electronic t<br>of Issue; Passenger's Last Name; I<br>assenger without this information, a<br>senger's passport must match their<br>in this form, additional fees will be a<br>lave an expiration date longer tha | cket receipt or airline boarding pastirst Name; Middle Name or Initial exactly as it appears on their passpoairline tickets and boarding passes. harged by the tour company, the a | l; Date of Birth; Gender; and Passport<br>ort, may be denied boarding and/or will<br>. In the event any change is required due |
| Signature of Passenger(  | (s):<br>ft unsigned enrollment in and pay   | /  |  | Date:  |
| If form is le  | ft unsigned enrollment in and pay   | ment for the tour constitutes yo   | ur acceptance of the program   | Terms and Conditions   |
|  | to: Daniels Travel Co., 400<br>ons with Credit Card paym  |  | d e-mailed to <mark>angelascha</mark>  |  |
|  | sed on 35 passenger partic<br>o operate the pilgrimage p  |  | uld fall below this numb   | per, an increase may be  |
| exactly match the name as  | reasons and due to the measures to<br>it appears on the passport. Heart<br>rt and Soul Travel, LLC reques | and Soul Travel, LLC is not re   | sponsible for denied boarding of   | or re-issue costs due to an incorrect  |