

Please Complete this form and Mail/Fax or e-mail with Payment to Address Below

Enclosed is my deposit for: **Marian Shrines of France / July 3 - 17, 2017** **Group Name: Fr. Scott / Dan's Travel**

PASSENGER #1 NAME: _____
Clearly Print as it appears in your passport: (Last, First, Middle)

Rooming With: _____ Single Room (additional Cost): Yes No Smoking: Yes No

PASSENGER #1 Passport No.: _____ Expiration Date: _____ Gender: _____ Date of Birth: _____
(Passport must not expire for 6 mos. after return) *(Month/Day/Year)*

PASSENGER #2 NAME: _____
Clearly Print as it appears in your passport: (Last, First, Middle)

PASSENGER #2 Passport No.: _____ Expiration Date: _____ Gender: _____ Date of Birth: _____
(Passport must not expire for 6 mos. after return date) *(Month/Day/Year)*

Home Address: _____ City: _____ State _____ Zip _____

Home Phone: _____ Cell Phone: _____ Email: _____

Emergency Contact Information Below:

Name: _____ Phone: _____ Relationship: _____

Enrollment in and payment for the tour constitutes your acceptance of the program Terms and Conditions.

Option A: I am paying my deposit with a check (*please make check payable to: "Heart and Soul Travel, LLC"*)

Option B: I am paying my deposit with a credit card (2.5% surcharge per transaction will apply)

Amount Enclosed: _____ Deposit required: \$500.00 per passenger
(Deposit x # of Passengers)

Credit Card # _____ Expiration Date: _____ * Sec Code _____
(We accept Visa, MasterCard, and American Express.) *(*3 or 4 digit number on back of Credit. Card)*

Name that appears on Credit Card: _____ Credit Card holder Signature: _____

PASSENGER TOUR/PAYMENT AUTHORIZATION AGREEMENT AND PASSPORT NOTICE:

TSA Regulations require that all passengers present proper identification along with their electronic ticket receipt or airline boarding pass which must contain/match the following: Passenger's Passport Number; Expiration date; Country of Issue; Passenger's Last Name; First Name; Middle Name or Initial; Date of Birth; Gender; and Passport Expiration Date, in order to be allowed to board their flight. Any passenger without this information, exactly as it appears on their passport, may be denied boarding and/or will incur severe monetary penalties. ALL INFORMATION on the passenger's passport must match their airline tickets and boarding passes. In the event any change is required due to inaccurate or incomplete information provided by a passenger on this form, additional fees will be charged by the tour company, the airline or both to reissue/correct any travel documents at the passenger's expense. **All passports must have an expiration date longer than six months following the date this tour ends or your return date into the U.S.** Airline tickets cannot be issued without all information on this form being provided.

Signature of Passenger(s): _____ / _____ Date: _____

If form is left unsigned enrollment in and payment for the tour constitutes your acceptance of the program Terms and Conditions

Mail to: Daniels Travel Co., 4063 Jones Lane, Bellingham WA 98225 Phone: 360-599-0752
Registrations with Credit Card payments may be scanned and e-mailed to angelascharf355@gmail.com
or Faxed to 440-635-0858

This tour price is based on 35 passenger participation. If the group should fall below this number, an increase may be necessary in order to operate the pilgrimage program.

Important: For security reasons and due to the measures taken by the authorities, airlines require that the passenger's name in the air reservations must exactly match the name as it appears on the passport. Heart and Soul Travel, LLC is not responsible for denied boarding or re-issue costs due to an incorrect name supplied to us. **Heart and Soul Travel, LLC requests a copy of your passport picture page to ensure correct name on tickets and documents.**