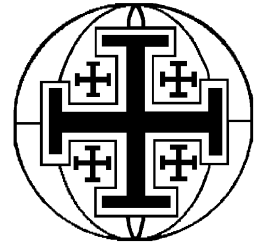


PILGRIMAGE REGISTRATION FORM

Location of pilgrimage: _____

Date of pilgrimage: _____



Pilgrim Information: Please Print

Name (exactly as on passport) _____

Name (as you want on name tag) _____

Passport # _____ Date Issued _____ Date Expires _____

Country of Issue: _____ Citizenship: US _____ Other _____

**** Passport must be valid for 6 months from day of return****

Date of Birth ____/____/____ Parish _____

Home Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Work Cell Phone _____

Fax _____ E-mail _____

Emergency Contact Name _____

Home Phone _____ Work Phone _____

Special Health Care needs (i.e. diabetic, physical limitations, etc.) _____

Mail to:
Tekton Ministries
9924 Cedar Ridge Dr.
Carmel, IN 46032
or
Fax: (317) 574-4195
For further information:
Office - (317) 574-4191
Toll free - (866) 905-3787
Email: pilgrimage@
tektonministries.org
www.tektonministries.org

Room Assignment Information:

Single Room Supplement Yes _____ No _____

(A limited number are available for each group)

Please assign me a roommate if available Yes _____ No _____

I would like to room with _____

Transportation Information:

Closest airport you will depart from _____

Special meal requested Yes _____ No _____

Describe special meal request _____

Deposit Information:

Deposit due with registration - \$300.00 Circle one: Check / Visa / MC / Discover

Name as it appears on credit card: _____

Card #: _____ Exp. Date: _____ Sec. Code: _____

Travel Insurance is strongly recommended. See our website for more details.
****If you want a "cancel for any reason policy" it must be purchased at the time of initial deposit****

A 4% service charge added for any credit card charges

You have my permission to share my name/address with other individuals on this pilgrimage ____ Yes ____ No

Please review pilgrimage brochure for itinerary details, explanation of cancellation policy, terms and conditions and final payment information. All pilgrims will receive a "Welcome Pilgrim" letter once the registration form is received.

Your signature on this form indicates that you understand and accept the terms and conditions of this pilgrimage.

Date: _____ **Pilgrim Signature:** _____