

RESERVE YOUR SPACE

Archbishop Naumann Pilgrimage to the Holy Land 30th Anniversary of the Catholic Foundation Northeast Kansas

October 18-28, 2019

Notice:

This tour includes some days with significant walking. You should be in good health, able to climb stairs and walk reasonable distances, often uphill and over uneven surfaces. Discuss any disability before booking. If you have special diet requirements, please make us aware at the time of booking.

Important Information

Identification – Passports are required for this trip at your expense **with an expiration date later than April 28, 2020**. Please send a copy of the photo page to **Trinity Travel** with this booking form. Israel requires a Visa which is currently complimentary to all US citizens. Non-US citizens are responsible for complying with applicable Israeli visa requirements.

Booking: Reservations for this pilgrimage will be limited. Final pricing will not be available until January 2019. A deposit of \$500 per person paid now will secure your space. When the price is published, you will have the opportunity to confirm your intent to travel or we will issue a full refund.

Make your check payable to Trinity Travel. You may pay by credit card through PayPal; however, a fee of 3½% will be applied. Please call Trinity Travel to invoice you through PayPal.

For additional information please contact:



Legal Name (as it appears on your passport)

Fill out a separate form for each person traveling.
Please use block letters

Nickname (for name badge):

Address:

City: **State:** **Zip:**

Telephone number(s):

Date of Birth:

Home Parish:

My roommate's name is:

**If none, do you want a roommate? Y / N or
are you a solo traveler? Y / N**

Trinity Travel will try to match solo travelers with a roommate, if requested. Solo travelers are responsible for the additional charge for a single supplement (\$tbd) if no roommate is identified by the final payment date.

Email Address:

Emergency Contact Name (not a travel companion)

Telephone number of emergency contact:

Relationship of contact to traveler:

I understand the cancellation cost that I will be charged if I am unable to travel.

By signing this form and paying the deposit for this tour I hereby confirm that I have read and understand the Terms and Conditions of this Pilgrimage as outlined here and on the back page of the brochure.

Signature _____

Date _____