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|  | World Pilgrimage™ **Cuba**February 20-26, 2018**REGISTRATION FORM** |

## Contact Information

|  |  |
| --- | --- |
| **Name*****(as it appears on your passport*)** |  |
| **Street Address** |  |
| **Name for Nametag** |  |
| **City ST ZIP Code** |  |
| **Home Phone** |  |
| **Work Phone** |  |
| **Cellphone** |  |
| **E-Mail Address (preferred)** |  |

## Affiliation

|  |  |
| --- | --- |
| **Congregation** |  |

## Personal Information – Please attach a photocopy of your passport identification page.

|  |  |  |  |
| --- | --- | --- | --- |
| **Date of Birth (mm/dd/year):** |  | **Gender (F/M)** |  |
| **Passport: Country/Number** |  | **Passport Expiration date** |  |

## Dietary Restrictions

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## Physical Limitations/Medications Please list any prescription medications and their dosages that could impact your experience.

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## Person to Notify in Case of Emergency

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| --- | --- |
| **Name** |  |
| **Relationship** |  |
| **Best Contact Phone Number** |  |

## Agreement and Signature

$1959 per person, double occupancy. Application with a deposit of $500 is due with application. , Final payment is due no later December 15th. Please make all checks payable to ICI/World Pilgrims or pay online at www.interfaithci.org

I understand and agree to the terms and conditions stated on the World Pilgrimage© brochure.

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| **Signature** |  |
| **Date** |  |

Please send this completed form and payment to

ICI/World Pilgrims

669 East Side Avenue, SE

Atlanta, GA 30316

**FOR MORE INFORMATION, CALL JAN SWANSON AT 404-906-7109**