

PARISHIONER REGISTRATION FORM

Sicily and Rome 2017

{write very clearly}



Name _____
(**exactly** as it appears on passport. Please indicate last name in CAPS.)

Address _____

City _____ State _____ Zip _____

Email _____ Phone () _____

*Date of birth (mm/dd/yy) _____ *Place of birth (as on passport) _____

*Hotel -- Circle Room Choice: Single / 2 Twin beds / Triple / Matrimonial

Roommate Name(s): _____

Land and Air Package Land Package only (pilgrim responsible for flights)

Enclosed is a \$500 deposit for _____ person(s) = \$ _____

Make check payable to: Cathedral of St. John Berchmans
939 Jordan Street
Shreveport, Louisiana 71101
MEMO: Rome Pilgrimage

I have read all the terms and conditions and with this enclosed deposit, accept and agree to them.

Signature _____

Date (m/d/year) _____

*Passport # _____ *Expiration date (m/d/year) _____

Dietary restrictions _____

Delta Airline Membership # _____

Submit with color copy of passport -- or scan copy & email to Fr. Peter Mangum

*Information required by Italian hotels