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ext. 339 or 315 Fax: 905-886-9769

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REGISTRATION FORM CATHOLIC GROUPS

Today's Date	Destinations, dates						Name of Priest			
Departure City										
Last Name (as it appears	in your pa	ssport):								
Person 1					Person 2					
1 2										
First Name (as it appears	s in your pa	ssport:		-, r						
1 2										
Mailing Address: Street										
City Prov Postal Code										
Home Tel #	me Tel # Daytime Tel #						E-mail:			
Emergency Contact - Na	me			Phon	e#					
Birthday: Day Mon	thday: Day Month Year Single supplement Yes / No I wish to share with									
Person 1			l require insurance:							
Person 2	son 2 - All inclusive (medical, non-medical and cancellation)									
- Non-medical/Cancellation/interruption										
			- I decli	ne						
Please ensure that your	passport i	s valid a	t least 6 m	onths be	eyond retu	rn date				
Credit card payment	Visa	MC	Amex	Card N	lumber					
Expiry Date	Securtit	Securtity code								
I authorize IHT to charge *** please refer to the t	-		-				***)			
Signature of credit card	holder									
Please fax this fo	orm to 9	05-88	86-9769	attn:	Liliana					

Please fax this form to 905-886-9769 attn: Liliana or scan/take photo with your smart phone and e-mail to liliana@ihtours.com

If you wish to pay with a cheque, please attach it to the form and mail to: International Heritage Tours 7117 Bathurst Street, Suite 200, Thornhill, ON, L4J 2J6, Attn: Liliana