



7117 Bathurst Street, Suite 200,
 Thornhill, ON, L4J 2J6, Attn: Stan or Halina
stan@ihtours.com halina@ihtours.com
 Tel. 905-886-0232 or 1-877-999-8868,
 ext. 339 or 315 Fax: 905-886-9769

PLEASE PRINT, FILL IN AND FOLLOW INSTRUCTIONS AT THE BOTTOM

REGISTRATION FORM
CATHOLIC GROUPS

Today's Date _____ Destinations, dates _____ Name of Priest _____

Departure City _____

Last Name (as it appears in your passport):

Person 1	Person 2
1 <input style="width: 300px; height: 25px;" type="text"/>	2 <input style="width: 300px; height: 25px;" type="text"/>

First Name (as it appears in your passport):

1 <input style="width: 300px; height: 25px;" type="text"/>	2 <input style="width: 300px; height: 25px;" type="text"/>
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Mailing Address: Street _____

City _____ Prov. _____ Postal Code _____

Home Tel # _____ Daytime Tel # _____ E-mail: _____

Birthdate:

Day	Month	Year

 Single supplement Yes / No _____ I wish to share with _____

Person 1	Person 2	I require insurance:													
<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><th style="padding: 2px;">Day</th><th style="padding: 2px;">Month</th><th style="padding: 2px;">Year</th></tr><tr><td style="width: 30px; height: 20px;"> </td><td style="width: 30px; height: 20px;"> </td><td style="width: 30px; height: 20px;"> </td></tr></table>	Day	Month	Year				<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><th style="padding: 2px;">Day</th><th style="padding: 2px;">Month</th><th style="padding: 2px;">Year</th></tr><tr><td style="width: 30px; height: 20px;"> </td><td style="width: 30px; height: 20px;"> </td><td style="width: 30px; height: 20px;"> </td></tr></table>	Day	Month	Year				- All inclusive (medical, non-medical and cancellation)	
Day	Month	Year													
Day	Month	Year													
- Non-medical/Cancellation/interruption only															
- I decline															

Please ensure that your passport is valid at least 6 months beyond return date

Credit card payment Visa MC Amex Card Number _____
 Expiry Date _____ Security code _____

I authorize IHT to charge my credit card for a deposit of \$300 pp (\$500 for cruises)

Signature of credit card holder _____

**Please fax this form to 905-886-9769 attn: Stan
 or scan/take photo with your smart phone
 and e-mail to stan@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: Stan or Halina**