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 Tel. 416-444-6666 or 1-877-999-8868,
 ext. 339 or 315 Fax: 905-886-9769

REGISTRATION FORM CATHOLIC GROUPS

Today's Date _____ Destinations, dates _____

Name of Priest (Coordinator) _____ Departure City _____ DK # _____

Person 1

Last Name (as it appears in your passport):

1

First Name (as it appears in your passport):

1

Person 2 (if booking with someone else)

Last Name (as it appears in your passport):

2

First Name (as it appears in your passport):

2

Postal Address: Street _____

City _____ Prov. _____ Postal Code _____

Home Tel # _____ Daytime Tel # _____

E-mail: _____

| Birth day: | Day | Month | Year |
|------------|---|---|---|
| Person 1 | <input style="width: 30px; height: 20px;" type="text"/> | <input style="width: 30px; height: 20px;" type="text"/> | <input style="width: 30px; height: 20px;" type="text"/> |
| Person 2 | <input style="width: 30px; height: 20px;" type="text"/> | <input style="width: 30px; height: 20px;" type="text"/> | <input style="width: 30px; height: 20px;" type="text"/> |

Single supplement Yes / No

I wish to share with _____

I require insurance:

- All inclusive (medical, non-medical and cancellation)
- Non-medical/Cancellation/interruption only
- I decline

| |
|--------------------------|
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |

Person to contact in case of emergency:

Tel:

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

CC payment _____ x \$300 (\$500) = _____ Visa/MC/Amex Card Number _____

Expiry Date _____ Security code _____

Check List before finalizing registration

- Did I check departure point?
- Did I ask about advertised extensions/options (concerts, cruises etc?)
- What currency is used for this registration?
- Is there a date deviation?
- Is there any extra program requested?
- Did I quote proper insurance premium
if program deviated or single room requested?

Additional notes

| |
|--------------------------|
| <input type="checkbox"/> |
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Comments: