

# **WENDT TOURING, INC. REGISTRATION FORM**

**COMPLETE ONE FORM PER PERSON**

**TOUR NAME:** *PILGRIMAGE TO ROME & ASSISI (EUR1-17)*

**PRESENTED BY:** *ST. MARTIN'S FAMILY LIFE MINISTRY*

**TOUR DATES:** *NOVEMBER 6-13, 2017*

**Please print clearly:** *Information provided must match exactly that on ID which is being used on the trip. International travel requires a passport. For passports, copy the photo/signature page. If passport application is in progress, please mail a photocopy of the photo/signature page when passports are received. Renewal of passports is recommended if expiration date is not 6 months beyond the date of return.*

NAME (exactly as stated on ID): \_\_\_\_\_

GENDER: M / F

DATE of BIRTH: (Print name of month, day, and year) \_\_\_\_\_

NATIONALITY of PASSPORT: \_\_\_\_\_

PASSPORT NUMBER: \_\_\_\_\_

PASSPORT DATE of ISSUE: \_\_\_\_\_ DATE of EXPIRATION: \_\_\_\_\_

**Contact Information:**

MAILING ADDRESS: \_\_\_\_\_

Street

\_\_\_\_\_  
City, State, Zip Code

TELEPHONE NUMBERS: Home: \_\_\_\_\_

Cell: \_\_\_\_\_

EMAIL: \_\_\_\_\_

For name tag purposes, how do you wish to be addressed? \_\_\_\_\_

Name of roommate (if applicable): \_\_\_\_\_

**Please circle one:** Insurance: Yes No Insurance premium is due with initial trip deposit

Special Requests: \_\_\_\_\_

\_\_\_\_\_  
(i.e., dietary, mobility restrictions)