



PILGRIM REGISTRATION FORM

NAME (AS IT APPEARS ON PASSPORT):

FIRST.....MIDDLE.....LAST.....

CITIZENSHIP.....PASSPORT NUMBER.....

PASSPORT ISSUE DATE.....PASSPORT EXPIRATION DATE.....

DATE OF BIRTH.....ADDRESS

STREET.....CITY.....

STATE.....ZIP CODE.....COUNTRY.....

HOME PHONE..... CELL PHONE.....

EMAIL ADDRESS.....

PILGRIMAGE TO.....GROUP LEADER.....

By registering to this pilgrimage, I accept Journeys to the East terms and conditions and refund regulations. I declare that I do not have any pre-existing medical conditions that could affect my health during the pilgrimage. I will inform Journeys to the East by phone at +1 978-249-6580 or email to info@journeystotheeast.com, if these conditions change before departure.

Signature..... Date.....

EMERGENCY CONTACT INFORMATION

NAME.....RELATIONSHIP.....

RESIDENTIAL ADDRESS.....

COUNTRY.....

CONTACT PHONE NUMBER.....

EMAIL ADDRESS.....