

A Journey to the Holy Land 2020 Registration Form

Full name as it appears on your passport.....

Passport number.....Date of birth

Passport issued by (country)..... Expiration date

Mailing address.....

Email.....

Mobile phone number.....

If under age 21, I am traveling under the supervision of:

.....

Emergency contact in USA

Please give name, address and mobile/home phone numbers

.....

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I CONFIRM that I have read the trip information provided and agree to abide by the stated expectations and instructions:

Signature (required)

Please mail this form with a deposit of \$500 (non-refundable) per person to:

St. Paul's Episcopal Church
Attn: The Rev. Rob Courtney
6249 Canal Blvd.
New Orleans, Louisiana 70124

Please write "Holy Land 2020" on check memo line.

ST. PAUL'S OFFICE USE:

Control#..... Date Received.....

Check number and amount.....

Traveling with.....

Single supplement Y N