

**Registration Form-Bible Trek Tours
Italy & Medjugorje Fr. Mark Uhlenkott (June 10-21,2024)**

Please complete one registration form per person (Couples submit two separate forms)

Full Name (as written in passport): _____

***(Photocopy of your passport is required – must be valid 6 months after your return date)**

Address: _____

City: _____ State: _____ Zip Code: _____

Phone # (home/cell): _____

E-mail: _____

Rooming with: _____

Please try to find a roommate for me. *I understand if you cannot find a roommate for me, I will be obliged to pay the single room supplement.*

***Tour Cost and Method of Payments:** *Full package (Air & Land) out of SLC-UT \$4,995; Price is per person sharing a room. (If departing from a **different City/Airport** _____*

I wish a single room at a supplement of **\$420**. *Subject to availability and conformation.*

Payment Options:

*Please mail a deposit of **\$400.00** per person made payable to **Bible Trek Tours LLC** in a form of a check.

Address: P.O.BOX: 20137, Beaumont TX, 77720. For a credit card payment please fill out the form in the back.

For Zelle Payment: BIBLE TREK TOURS LLC/george@bibletrektours.com

Note: The deposit should be paid at the time of booking and no later than **April 9, 2024**. Balance is due on or before **May 1st, 2024**. Any booking after **April 10, 2024**. Is subject to availability.

* For travel Insurance you can visit our home page: www.bibletrektours.com and click on Travel Guard or you can get your own.

(SUBMIT THIS BOOKING FORM WITH A COPY OF YOUR PASSPORT AND YOUR DEPOSIT)

**By submitting this payment and form, I acknowledge that I have read and I accept all Terms & Conditions as outlined on this pilgrimage Brochure.*

Signature: _____ **Date:** _____

***you can Email a copy of your passport to : info@bibletrektours.com**

***All package pricing is based on a minimum of 20 paying participants. If the group does not reach this number, price or programming may be adjusted.**

***Only use this form if you wish to pay your deposit with a Credit Card**

Credit Card Payment Authorization

I authorize Bible Trek Tours LLC to charge the standard price amount plus 4% card fees to my credit card listed below. (\$400 will be charged now; balance of payment will be charged to your card upon your request/authorization per the invoice due date).

Credit Card Type: _____

Card Number: _____

Exp. Date: _____ **CVC** _____ **Zip Code** _____

Name as it appears on credit card: _____

Email Address: _____

Signature: _____ **Date:** _____

*Please print, sign and scan this form for us with your registration form & a copy of your passport



www.Bibletrektours.com

www.facebook.com/bibletrektours

P.O.Box 20137, Beaumont Texas 77720

Email: info@bibletrektours.com