

# U.S. NATIONAL LOURDES PILGRIMAGE

**REGISTRATION FORM**  
TO ASSIST US IN PROCESSING YOUR RESERVATION,  
PLEASE COMPLETE THE FOLLOWING FOR EACH TRAVELLER  
AND RETURN WITH YOUR DEPOSIT.



## **PLEASE PRINT ALL INFORMATION**

**SECTION 1: PLEASE COMPLETE THIS SECTION FOR EACH PERSON TRAVELING ON THIS RESERVATION:**

NAME: \_\_\_\_\_  
FIRST NAME MIDDLE NAME LAST NAME

ADDRESS: \_\_\_\_\_  
HOME TELEPHONE \_\_\_\_\_

CITY: \_\_\_\_\_ WORK TELEPHONE \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ U.S. CITIZEN  YES  NO \_\_\_\_\_  
COUNTRY

EMAIL: \_\_\_\_\_ DELTA SKY MILES (OPTIONAL): \_\_\_\_\_

ROOMING REQUEST:  TRIPLE  TWIN  SINGLE (ADDITIONAL COST, SEE ITINERARY) SMOKER:  YES  NO

**SECTION 2: If you have family members or friends traveling who will be rooming with you please provide either names below:**

2<sup>nd</sup> Traveler's Name: \_\_\_\_\_  
As it appears on passport Last Name First Name Middle Name/Initial

3<sup>rd</sup> Traveler's Name: \_\_\_\_\_  
As it appears on passport Last Name First Name Middle Name/Initial

**Section 3: If you would like to be located in the same hotel or seated near other family members or friends traveling with this pilgrimage, that is not entered above, please provide their names below: DEPENDENT ON AVAILABILITY.**

Traveler's Name: \_\_\_\_\_  
Last Name First Name M.I.

Traveler's Name: \_\_\_\_\_  
Last Name First Name M.I.

Traveler's Name: \_\_\_\_\_  
Last Name First Name M.I.

**SECTION 4: I WILL BE DEPARTING FROM (PLEASE CHECK ONE):**

NEW YORK/JFK:  WASH. D.C/DULLES:  BOSTON:  NEWARK/EWR:

## PASSPORT INFORMATION

**NAME AS IT APPEARS ON YOUR PASSPORT:** \_\_\_\_\_  
Last Name First Name Middle Name/Initial

**PASSPORT NUMBER:** \_\_\_\_\_ **BIRTHDATE:** \_\_\_\_\_  
MM DATE YEAR

**DATE PASPORT ISSUED:** \_\_\_\_\_ **DATE EXPIRES:** \_\_\_\_\_

**COUNTRY PASSPORT ISSUED:** \_\_\_\_\_ **GENDER:** \_\_\_\_\_

**PLACE OF BIRTH:** \_\_\_\_\_ **AGE:** \_\_\_\_\_

**CITIZENSHIP:** \_\_\_\_\_

## IN CASE OF EMERGENCY

**CONTACT PERSON:** \_\_\_\_\_

**TELEPHONE # OF YOUR CONTACT PERSON:** \_\_\_\_\_

**DOCTORS NAME(S):** \_\_\_\_\_

**PLEASE NOTE: HOMELAND SECURITY NOW REQUIRES THAT THE NAME ON YOUR TICKET MUST READ EXACTLY AS IT READS ON YOUR PASSPORT. PLEASE BE SURE THAT YOUR RESERVATION FORM READS ACCORDINGLY. ALSO REQUIRES THAT YOUR PASSPORT BE VALID FOR A MINIMUM OF SIX MONTHS AFTER YOUR RETURN. PLEASE BE SURE TO CHECK THE EXPIRATION DATE OF YOUR PASSPORT.**

**PLEASE MAKE YOUR CHECK PAYABLE TO CATHOLIC TRAVEL**