

REGISTRATION FORM

**St. Jerome Catholic Community Church, Jerome, ID**  
**Join Father Michael St. Marie**  
**for a 10-Day Pilgrimage to the Holy Land**  
**October 17 – 26, 2022**  
**\$3,650 per person**

**Round-Trip Air from Boise, ID**  
**For more information, please contact**  
**Spiritual Director: Fr. Mike | (208) 459-3653**  
**Tour Coordinator: Claudia Gonzalez**  
**(208) 410-5753 | [churchlady73@yahoo.com](mailto:churchlady73@yahoo.com)**

For Office Use Only

| Date | Payment |
|------|---------|
|      |         |
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**PLEASE ATTACH COPY OF YOUR PASSPORT WITH THIS REGISTRATION FORM.**

|  |                   |
|--|-------------------|
| Last name on Passport:   |                   |
|  |                   |
| First Name on Passport:  |                   |
|  |                   |
| Middle Name on Passport:   |                   |
|  |                   |
| Address:   |                   |
|  |                   |
| City/State/Zip Code:   |                   |
|  |                   |
| Phone (including area code):   |                   |
|  |                   |
| Email Address:   |                   |
|  |                   |
| Passport Number:   | Country of Issue: |
|  |                   |
| Date of Issue:   | Expiration Date:  |
|  |                   |
| Date of Birth: (D/M/Y)   | Gender: M   F     |
|  |                   |
| In case of emergency, please contact (Name & Phone #):                         |                   |
|  |                   |
| Special Needs:   |                   |
| Please choose one of the following:  |                   |
| <input type="checkbox"/> I want to room with (give name):                      |                   |
| <input type="checkbox"/> I need a roommate                                     |                   |
| <input type="checkbox"/> I want a Single Room <b>(at an additional \$640 )</b> |                   |

**A DEPOSIT OF \$300.00 PER PERSON – (SEE TERMS AND CONDITIONS)**

**MAKE CHECKS PAYABLE & SEND TO: NATIVITY PILGRIMAGE | 1300 N. SAM HOUSTON PKWY E., SUITE 125 HOUSTON, TX 77032**

I understand it is my responsibility to obtain any visas/re-entry permit necessary for this trip if I don't hold an American Passport. **PASSPORTS MUST BE VALID FOR 6 MONTHS AFTER SCHEDULED RETURN DATE.**

I have read and agreed to all the terms and conditions as set forth in this brochure.

**PRINT NAME** \_\_\_\_\_ **SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_