

INFORMATION / REGISTRATION FORM

“In the Footsteps of Jesus”, Nov 6 - 16, 2017

US Immigration authorities require that we have the Information exactly as in your Passport

YOUR FULL / COMPLETE NAME AS IT IS / OR WILL BE LISTED ON YOUR PASSPORT:

SIGNATURE _____ **DATE** _____

FIRST NAME YOU GO BY (IF DIFFERENT FROM YOUR LEGAL NAME) _____

YOUR RESIDENCE ADDRESS (Not PO Box) _____

_____ ZIP _____

PHONES: DAY _____ EVENING _____

Mobile Phone # _____

E-MAIL ADDRESS _____

PASSPORT NUMBER _____ EXPIRATION DATE (M/D/Y) _____

CITIZENSHIP (Not Race) _____ BIRTHDATE (M/D/Y) _____

If Expiration Date Is Within 6 Months of the trip return, you will need to apply for renewal (the passport number will change). If you don't have your passport or current number, please submit your registration and deposit now and we will add the number later. Information regarding passports is available at travel.state.gov/passport

HEALTH PROBLEMS, INCLUDING ANY MEDICAL EQUIPMENT AND / OR MEDICATION YOU
NEED TO TAKE _____

YOUR GENDER: M or F SMOKING or NON-SMOKING

All rooms are double occupancy unless specially reserved and an additional fee paid.

**Please complete and mail with deposit to:
Emmett Mills, Jr., 1713 Betrillo Court, The Villiages FL 32162**