

Date of Insurance Enrollment:	Plan Cost: \$	Check #	
Comment:			

For office use

## CHURCH OF ST. MARY, LAKE FOREST, IL. PILGRIMAGE TO GREECE with 3 night CRUISE May 11-21, 2020

Secure your seat: REGISTER NOW!

Package price per person in twin room: \$3,566 plus \$491 Airlines departure taxes & fuel surcharge. For Single room supplement add: \$999 Limited single rooms are available.

Registration and payments: a deposit of \$350 per person along with this Reservation Form. Final payment due no later than February 25, 2020. Please make checks payable to Ami Travel

We highly recommend to apply for a Travel Insurance coverage!

Name as printed on passport:

Surname:	First Name/Middle Name:	Gender:
----------	-------------------------	---------

US Passport #	Expiration Date: (month/date/year)	Date of Birth: (month/date/year)
---------------	------------------------------------	----------------------------------

Non US Passport/ Nationality:	Passport #:	Expiration Date: (mm/dd/year):
-------------------------------	-------------	--------------------------------

Street Address:	City:	State:	ZIP:
-----------------	-------	--------	------

Email Address:	Home Phone #:	Cell Phone #:
----------------	---------------	---------------

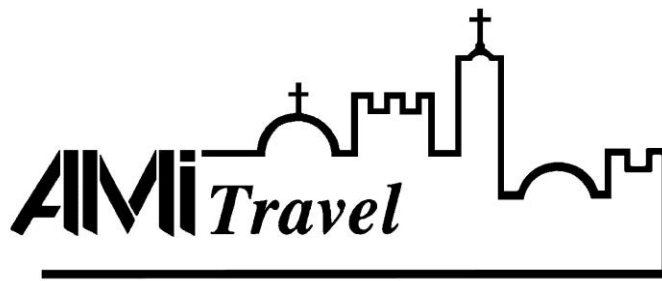
Preferred Name on Name Badge:	Name of roommate (if any)
-------------------------------	---------------------------

In Case of Emergency: name of contact person:	Email:	Telephone #:
---	--------	--------------

Please check applicable box below:

☐ I would like to request for a single room supplement

☐ Special request / medical concerns etc. \_\_\_\_\_



## **CREDIT CARD AUTHORIZATION FORM**

Please print / complete and sign this form and scan / return to: amos@amitravel.com

Group Name: St. Mary Church, Lake Forest, Illinois May 11-21, 2020

**NAME** (Print exactly as it appears on the credit card)

First Name

Last Name

Phone Number

**ADDRESS** (as appears on credit card statement)

Number

Street

Apt. #

City

State

ZIP

### **TYPE OF CARDS ACCEPTED**

Please check: ☐ VISA ☐ MASTERCARD ☐ AMEX ☐ DISCOVER

**Credit Card Number:**

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**AMOUNT OF CHARGE:** \$ \_\_\_\_\_ **EXP. DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**PROCESSING FEE:** (3.50%) \$ \_\_\_\_\_ **CVV:** (digits in the back of the card) \_\_\_\_\_

**TOTAL AMOUNT:** \$ \_\_\_\_\_

This charge is to applied to the following participants:

I hereby authorize AMI Travel, Inc. and/or its suppliers to charge the above credit card for the listed amount.

Card Holder Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Approval #: \_\_\_\_\_