

DIOCESE OF CHARLESTON-WYD PANAMA 2019 REGISTRATION FORM

One form is required per person

PERSONAL INFORMATION:

Legal name: (as it appears on your passport)

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ E-mail: _____

M ___ F ___ Date of Birth: ___ / ___ / ___ U.S. Citizen: Y ___ N

Passport #: _____ Passport Expiration Date: _____

RESERVATION INFORMATION:

Type of Room: ___ Single ___ Double

Roomate(s): _____

Group Name: _____

Group Leader: _____ Leader Email: _____

Special Request: _____

DEPARTURE CITY: ___ Charleston ___ Greenville ___ Columbia

INSURANCE: ___ I will take the insurance ___ I will decline the insurance

(It is HIGHLY RECOMMENDED that you take insurance)

DEPOSIT INFORMATION

Payment Type: ___ Check ___ Visa ___ MC

Card # _____ 3 Digit Code _____ Exp _____

I have read and acknowledge the tour condition/ responsibilities and cancellation information:

Signature _____ Date _____