

Pilgrim Routes Travel Inc. PO Box 8802 Canmore, Alberta T1W 0C1 richard@pilgrimroutes.ca

REGISTRATION FORM

A PROGRAM OF PILGRIMAGE AND DISCOVERY **2022 ISRAEL-PALESTINE PILGRIMAGE**

October 20-November 2, 2022

Please complete this form & send to Pilgrim Routes Travel Please include these items:

- o \$300 deposit made out to, "Pilgrim Routes Travel Inc."
- o A completed Waiver and Release form
- o A photocopy of your Passport information pages

PERSONAL INFORMATION

Full N	Name (as it appears in y	your Passport):			
Name	e you prefer to go by:				
Maili	ng Address:				
			Postal Code):	
Home	e phone:		Cell phone:		
Emai	l address: (please print	clearly)			
Birth	Date:				
Passport In	NFORMATION (Dual citiz	ens please provid	le the information fro	om the passport you will b	ve using.)
Passp	ort #				
Coun	try				
Date	of Issue	Date o	f Expiry		
	REFERENCES poms come with two down	bla bads It is w	ura to find a room v	yith a queen size had	
	lld like a single room		le supplement is \$		
I wou	ld like a double room	Room	ming with		-
		Help	me find a suitabl	e roommate	

FLIGHT INFORMATION (Can be provided at a later date)

MEDICAL INFORMATION

Provincial Health Care Number	Province
Private Medical Insurance Company and Policy	
Please list any allergies, medical conditions, recenshould know about you which could potentially af aspect of your trip.	ffect your participation in and enjoyment of any
Are you carrying your own medications on the trip pressure medications, heart medications, insulin, e	p: such as an epi pen for allergic reactions, blood etc.?
EMERGENCY CONTACT (For your safety and secinformation of a person you would want us to be in Name:	n touch with in case of an emergency.)
Relationship:	
Home phone:	
Alternate phone:	
I have read and accept the "Pilgrim Routes <i>Please check box.</i> "	s" Terms and Conditions as printed.
Signature Date	Please mail to: Pilgrim Routes Travel Inc. PO Box 8802 Canmore, Alberta T1W 0C1

• Include your deposit and signed Waiver. Thank you.