Traveler Information

www.GreatTripTickets.com
813-375-2663

Pilgrimage 04/23/10-05/05/10

Assisi traveler Information

Directions: This document must be completed for each passenger including minors. It can be completed inside Adobe Acrobat reader, saved, printed and returned by U.S. mail to the address below. This completed document is required when registering for your group travel.

Traveler legal name	Phone	E-mail	
Mailing address	City/State/Zip	Birthdate	M/F
Roommate's legal name (for double occupancy trips)			
Special dietary or travel needs			
Signature: I authorize GreatTripTickets.com to provide my information to the travel vendor for purpose of payment and travel		Date	

1. I acknowledge that travel insurance is required and I am selecting ___**Travel Protection or** ____**Travel Protection Plus**. I approve credit card payment for the plan selected on December 12, 2009. _____**Initial**
2. I acknowledge that a minor traveling without parent(s) is required to have a notarized parent permission form. That form was supplied to me by Great Trip Tickets _____ **Initial**

Return completed traveler information and third party credit card forms **before December 1, 2009** to: VisionQuest to Assisi, Attn: Lore Raymond, 4950 Emerson Ave. South, St. Petersburg, FL 33707.