

REGISTRATION FORM

ARCHDIOCESE OF MIAMI RESPECT LIFE TRAVEL MINISTRY PILGRIMAGE IN THANKSGIVING TO THE LANDS OF THE BIBLE NOVEMBER 10 – NOVEMBER 21, 2011

FUND RAISER TO BENEFIT THE ARCHDIOCESE OF MIAMI RESPECT LIFE APOSTOLATE
PLEASE PRINT AND FAX COMPLETE FORM TO:

Suzanne Taskowitz, COORDINATOR OF THE ARCHDIOCESE OF MIAMI TRAVEL MINISTRY / RESPECT LIFE
(FAX) 305-664-0553, PHONE: 305-664-2664. OR MAIL TO :141 SAN REMO DR. ISLAMORADA, FL 33036

VISIT www.faithfultravels.org FOR RESERVATION FORMS, IN DEPTH ITINERARY AND DECK PLANS

PLEASE SEND A COPY OF YOUR PASSPORT WITH YOUR RESERVATION FORM

NAME 1:	NAME 2:
ADDRESS:	ADDRESS:
CITY/ZIP CODE:	CITY/ZIP CODE:
STATE/COUNTRY:	STATE/COUNTRY:
PHONE/FAX:	PHONE/FAX:
E-MAIL:	E-MAIL:
DATE OF BIRTH:	DATE OF BIRTH:

Special Notes: EVERYONE MUST PURCHASE TRAVEL INSURANCE WHICH IS PRICED BASED ON CABIN SELECTION OR YOU MUST SEND A LETTER DECLINING TO PURCHASE TRAVEL INSURANCE. IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT SUZANNE TASKOWITZ AT 305-664-2664.

CHOOSE YOUR CABIN BY PLACING AN X IN THE CORRESPONDING BOX BELOW

CABIN CATEGORIES	PER PERSON DOUBLE OCCUPANCY	Put an X	CABIN TOTAL FOR 2	Put an X	SINGLE CABIN	Put an X
CAT 1 (Inside)	\$ 3,293		\$ 6,586		\$ 3,818	
CAT 2 (Inside Plus)	\$3,398		\$ 6,796		\$ 4,133	
CAT 3 (Outside)	\$ 3,503		\$ 7,006		\$ 4,343	
CAT 4 (Outside Plus)	\$ 3,713		\$ 7,426		\$ 4,658	
CAT 5 (Outside Deluxe)	\$ 3,923		\$ 7,846		\$ 4,868	
CAT 6 (Spec Stateroom)	\$ 4,133		\$ 8,266		\$ 5,078	
CAT 7 (Insp Stateroom)	\$ 4,343		\$ 8,686		\$ 5,288	
CAT 8 (Suites)	\$ 5,353		\$ 10,706		\$ 7,923	
CAT 9 (Balcony Suite)	\$ 6,403		\$ 12,806		\$ 8,973	
CAT 10 (Imperial Suite)	\$ 7,453		\$ 14,906		\$ 10,023	

Cost Includes: Roundtrip airfare from Miami, economy class on selected airlines – All transfers, arrival, departure – 1 night hotel in Athens B, D – 9 night cruise– All meals – All Shore Excursions – Touring – Complete cruise arrangements. Prices are per cabin based on double occupancy unless otherwise stated, Port charges, government fees, air taxes are an additional \$789 per person. Cabin availability subject to prior bookings. Not responsible for last minute changes of itinerary by cruise line or tour operator or any errors or omissions in the content of this reservation form. Some restrictions and cancellation penalties may apply. Ships registry is EU, Cyprus. FL ST 37765.

Additional cost added to stated cabin rate	Port charges, taxes, fees etc. \$789 p.p.	# of passengers X \$789.00 = \$ _____	ADD THIS AMOUNT TO CABIN TOTAL FROM ABOVE FOR	GRAND TOTAL: \$ _____
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Information, special needs or health concerns:

WISHING FOR ROOMMATE _____ METHOD OF PAYMENT: CC _____ CHECK _____
I WISH TO PURCHASE TRAVEL INSURANCE: YES _____ DECLINED _____
INSURANCE INFO WILL BE SENT TO YOU UPON RECEIPT OF THIS RESERVATION FORM

PAYMENT SCHEDULE	\$500 DEPOSIT DUE AT TIME OF RESERVATION ADDITIONAL PAYMENTS WILL BE ARRANGED / MONTHLY PAYMENT PLANS ARE AVAILABLE.
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CREDIT CARD PAYMENTS	
FULL NAME OF CARDHOLDER:	EXPIRATION DATE:
CREDIT CARD NUMBER:	3 DIGIT SECURITY NR

I authorize FAITHFUL TRAVELS to charge my credit card as per the payment schedule. All funds will be taken in USD.

Name

Date

Signature