REGISTRATION FORM

13 Day England & Scotland Catholic Heritage Journey

$6,390.00 Per Person From Orlando

May 10 – 22, 2027 **Fr. Brian Campbell**

By submitting this form, I understand it is my responsibility to obtain any visas/re-entry permit necessary for this trip if I don't hold an American Passport. I have read and agreed to all the terms and conditions as set forth in this brochure.

Your Passport Must Be Valid 6 Months AFTER Your Return Date.

PLEASE PRINT

PLEASE ATTACH A COPY OF YOUR PASSPORT

Last Name on Passport:
First Name on Passport:
Middle Name on Passport:
Address:
City/State/Zip:
Phone (including area code):
Email address:
Passport number: Place of issue:
Date of issue: Expiration date:
My date of birth is (month/day/year): Gender: M F
In case of emergency please contact (name & phone):
Please choose one of the following:
☐ I want to room with (give name):
☐ I need a roommate
☐ I want a Single Room **(at additional $1,500.00)**

A NON-REFUNDABLE DEPOSIT OF $300.00 PER PERSON- ***(SEE TERMS & CONDITIONS)***

PLEASE MAKE CHECKS PAYABLE TO**: INSPIRATIONAL TOURS, INC.**

PLEASE MAIL CHECKS AND REGISTRATION FORMS ALONG WITH COPIES OF YOUR PASSPORTS TO:

INSPIRATIONAL TOURS, INC
5433 WESTHEIMER, SUITE 600
HOUSTON, TEXAS 77056

By signing below, I confirm that I have carefully reviewed and accept all terms and conditions specified in this brochure, including the disclaimer section.

Signature X_____ Date _____

(No Registration Form Will Be Processed Without Signature And Date.)