



**Mafico Leadership  
Renewal Institute**  
*Passion for Pastors' Renewal*

## GHANA PILGRIMAGE 2026

**PO Box 543 • Smyrna, GA 30081. Phone: 470-905-9544**

### International Reservation Form - Please Print

Please complete the reservation form and return it with your payment (payable to "Mafico L.R. Institute") to: PO Box 543, Smyrna, GA, 30081.

<b>Tour Name:</b> Mafico Institute Pilgrimage		<b>Cost per person:</b> \$4,995.00*	<b>Attn. Pilgrim Agent:</b> Themba Mafico, President/CEO
<b>Date of Tour:</b> October 18 – 27, 2026		<b># of Persons:</b> _____	
<b>Departure City:</b> <input type="checkbox"/> No Air (land package only) <input type="checkbox"/> Other: _____			
<b>Optional Travel Insurance**:</b> <input type="checkbox"/> Odyssey Plan: 7.95% of tour cost <input type="checkbox"/> Odyssey with Cancel Anytime: 10.85% of tour cost (\$100.00 per person due with deposit)			
<b>Deposit (per person):</b> \$750.00		<b>X</b>	<b>(# of travelers) = \$</b> _____
		<b>Total Enclosed = \$</b> _____	
<b>Payment Method:</b>		<input type="checkbox"/> Check <input type="checkbox"/> Mastercard <input type="checkbox"/> Visa <input type="checkbox"/> Discover	
<b>Credit Card #</b>	<b>Security Code</b> (3 digits, back of card)		<b>Exp. Date</b>
<b>Name on Credit Card</b>		<b>Chg. Signature</b>	
<b>Address on Credit Card if different from below:</b> _____			

Please print carefully and include a copy of your passport. Inaccurate information will result in travel delays and/or airline change fees.

☐ I attest that the name(s) provided below, including middle name(s), is as it appears on my current/future passport and understand that a minimum \$100 per person name change fee will be incurred if incorrect.

#### FIRST PASSENGER

**First/Middle** \_\_\_\_\_ (as it appears on passport)  
**Last** \_\_\_\_\_ (as it appears on passport)  
**Tour Badge Nickname** \_\_\_\_\_  
**Passport #\*\*\*** \_\_\_\_\_  
**Issuing country of passport** \_\_\_\_\_  
**Passport Issue Date (M/D/Y)** \_\_\_\_/\_\_\_\_/\_\_\_\_  
**Expiration Date (M/D/Y)** \_\_\_\_/\_\_\_\_/\_\_\_\_  
**Date of birth (M/D/Y)** \_\_\_\_/\_\_\_\_/\_\_\_\_ ☐ Male ☐ Female  
**P.O. Box** \_\_\_\_\_  
**Street Address** \_\_\_\_\_  
**City** \_\_\_\_\_ **State** \_\_\_\_\_  
**Postal Code** \_\_\_\_\_ **Phone #** \_\_\_\_\_  
**Email** \_\_\_\_\_

#### SECOND PASSENGER (IF PAYMENT ON THIS FORM)

**First/Middle** \_\_\_\_\_ (as it appears on passport)  
**Last** \_\_\_\_\_ (as it appears on passport)  
**Tour Badge Nickname** \_\_\_\_\_  
**Passport #\*\*\*** \_\_\_\_\_  
**Issuing country of passport** \_\_\_\_\_  
**Passport Issue Date (M/D/Y)** \_\_\_\_/\_\_\_\_/\_\_\_\_  
**Expiration Date (M/D/Y)** \_\_\_\_/\_\_\_\_/\_\_\_\_  
**Date of birth (M/D/Y)** \_\_\_\_/\_\_\_\_/\_\_\_\_ ☐ Male ☐ Female  
**P.O. Box** \_\_\_\_\_  
**Street Address** \_\_\_\_\_  
**City** \_\_\_\_\_ **State** \_\_\_\_\_  
**Postal Code** \_\_\_\_\_ **Phone #** \_\_\_\_\_  
**Email** \_\_\_\_\_

**Name of Roommate(s)** (if on separate form) \_\_\_\_\_

(Single supplement of \$899.00 added to final invoice if no roommate listed.)

**Room (check one):** ☐ Single (1 bed) ☐ Double (1 bed, 2 people) ☐ Twin (2 beds, 2 people) ☐ Triple (3 beds)

**Final Documents:** will be mailed to the address above and will not require a signature. If you require delivery with a signature, please contact our office.

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**Emergency contact not traveling:**

**Phone** \_\_\_\_\_

**Name** \_\_\_\_\_

**Emergency contact not traveling:**

**Phone** \_\_\_\_\_

**Name** \_\_\_\_\_

My signature below verifies that I understand that I may purchase travel protection insurance from Pilgrim or from another source.

(For insurance information, please refer to the back of this form).

My signature below also verifies I understand and agree to Pilgrim Tours' Terms and Conditions as stated on the brochure and reverse side of this form.

All payment receipts sent via email. Please check box to request hard copies of receipts mailed to address above. ☐

#### Signature Required (First Passenger)

#### Signature Required (Second Passenger)

\*Price per person based on double occupancy and a minimum of 10 passengers.

\*\*Odyssey Plan can be purchased on or at final payment date. Odyssey with Cancel Anytime Plan must be purchased on date of reservation.

\*\*\*If you are waiting for an updated passport number please provide this as soon as you receive it.

