

# MT. SHASTA SACRED SITE TOUR 2024



FULL NAME \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

OPTIONAL: Do you have a preferred roommate? If so, please list: \_\_\_\_\_

>>EMERGENCY CONTACT<<

NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_

YOUR CURRENT MEDICATIONS/HEALTH ISSUES (For Emergency Use ONLY): \_\_\_\_\_

\_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**BY SIGNING ABOVE, I AGREE TO THIS TOUR'S TERMS & CONDITIONS\***

Please fill out the above required information & email to: [info@yoursacredjourneys.com](mailto:info@yoursacredjourneys.com) OR mail to: 701 S. Old Orchard Ln #C, Lewisville TX, 75067. Leave a message on 888.826.8721 with any questions.

Your personal information is kept confidential and used exclusively for the purpose of this journey.

At Tour completion ALL gathered information, other than your CONTACT info, will be disposed.

\*T&C's were emailed to you when your deposit or first payment was received.