MT. SHASTA SACRED SITE TOUR 2026

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 ASAP!
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.