

# Ciao Roma Travel

PASSENGER RESERVATION FORM / CONTRACT

Destinations of Pilgrimage: Diocese of Tulsa Holy Week in Rome, Italy

Tentative Date of Trip: April 8-18, 2022

**TENTATIVE TOTAL COST OF TRIP: \$3295/person**

Single Supplement (Add \$650)

ENCLOSED IS MY NON -REFUNDABLE DEPOSIT OF \$500.00 PER PERSON.

**PILGRIM INFORMATION: Please print.**

**Full Legal Name (as it appears/will appear on your passport)**

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last Name: \_\_\_\_\_

E-mail: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**U.S. Passport #: (If you do not have a passport yet, please provide when available)**

Passport #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**ROOM ASSIGNMENT INFORMATION:**

Gender: Male Female Special Diet or Medical Conditions: \_\_\_\_\_

Room: Single Room (Add \$600) Double Triple Family

Preferred Roommate: \_\_\_\_\_

**EMERGENCY CONTACT:**

NAME: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**TRAVEL INSURANCE:**

Travel Insurance (optional, Additional cost) YES \_\_\_\_\_ NO \_\_\_\_\_ (If No, sign below.)

I hereby decline travel insurance and I understand that I am assuming any financial loss associated with my travel arrangements which otherwise may have been covered by travel insurance.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Signature required if declining insurance)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**MAIL FORM & DEPOSIT (Payable to Diocese of Tulsa) TO:**

**Youth Office – Rome**

**PO BOX 690240**

**Tulsa, OK 74169**