

CANONIZATION OF BLESSED KATERI TEKAKWITHA (YOUR TOUR OR PARISH LEADER)

(1) PARTICIPANT INFORMATION: (CIRCLE ONE) MR. MRS. MS. OTHER :

Form fields for participant information including First Name, Middle Name, Last Name, E-MAIL, FULL ADDRESS, WORK PHONE, HOME PHONE, CELL PHONE, FAX, DATE OF BIRTH, PLACE OF BIRTH, CITIZENSHIP, PASSPORT #, EXP DATE, CITY OF ISSUE, EMERGENCY CONTACT, RELATIONSHIP, TEL.

(2) ROOMING REQUEST:

Form fields for rooming request including SINGLE ROOM, TWIN ROOM, TRIPLE ROOM, I WILL / I WILL NOT ACCEPT A TRIPLE, I AM A SMOKER / NON-SMOKER, SHARE HOTEL WITH.

(3) PACKAGE REQUEST

Table with 5 columns: Package Name, AIR & LAND PACKAGE (DOUBLE/SINGLE), and LAND ONLY PACKAGE (DOUBLE/SINGLE). Rows include First Class, Post-Tour to Rome, and Deluxe packages.

(4) DEPARTURE CITIES BOSTON NEW YORK

PLEASE NOTE: GATEWAY CITIES OF CHICAGO LOS ANGELES MIAMI -- REQUIRE AN ADDITIONAL \$150.00 OTHER (amount TBD)

(5) AIRLINE REQUESTS: VEGETARIAN DIABETIC KOSHER (6) SPECIAL NEEDS

(7) INSURANCE INFORMATION: Renaissance Group strongly recommends the purchase of travel insurance. A Travelex brochure will be sent to you upon receipt of your deposit.

Form fields for insurance information including I WILL PURCHASE TRAVEL INSURANCE / I DECLINE THE OFFER OF A TRAVEL INSURANCE, ASSOCIATED WITH MY TRAVEL ARRANGEMENTS WHICH OTHERWISE WOULD BE COVERED BY THE TRAVEL INSURANCE, (PLEASE INITIAL):

(8) FINAL PAYMENT INFORMATION: FUEL SURCHARGE AND AIR DEPARTURE TAX OF \$595.00 MUST BE INCLUDED WITH PAYMENT

Form fields for final payment information including METHOD OF PAYMENT: CHECK / CREDIT CARD (number, exp date, authorization code), PAYMENT BY CREDIT CARD IS SUBJECT TO A 3% FEE.

Final payment due by: August 15, 2012

(9) SIGNATURE: I have read, understood, and acknowledged Renaissance Group's "Terms and Conditions" printed on the reverse side of this application form.

X DATE: