

REGISTRATION FORM

Jubilee 2025: 13-Day Shrines of Italy Tour

September 29 - October 11, 2025

Fr. Emmanuel Ihemedu

St. John Paul the Great Roman Catholic Church – Torrington, CT

By submitting this form, I understand it is my responsibility to obtain any visas/re-entry permit necessary for this trip if I don't hold an American Passport. I have read and agreed to all the terms and conditions as set forth in this brochure.

Your Passport Must Be Valid 6 Months AFTER Your Return Date.

PLEASE PRINT

PLEASE ATTACH A COPY OF YOUR PASSPORT

Last Name on Passport:	
First Name on Passport:	
Middle Name on Passport:	
Address:	
City/State/Zip:	
Phone (including area code):	
Email address:	
Passport number:	Place of issue:
Date of issue:	Expiration date:
My date of birth is (month/day/year):	Gender: M F
In case of emergency please contact (name & phone):	
Please choose one of the following:	
<input type="checkbox"/> I want to room with (give name):	
<input type="checkbox"/> I need a roommate	
<input type="checkbox"/> I want a Single Room (at additional \$1,200.00)	

A NON-REFUNDABLE DEPOSIT OF \$300.00 PER PERSON- (SEE TERMS & CONDITIONS)

PLEASE MAKE CHECKS PAYABLE TO: INSPIRATIONAL TOURS, INC.

PLEASE MAIL CHECKS AND REGISTRATION FORMS ALONG WITH COPIES OF YOUR PASSPORTS TO:

**INSPIRATIONAL TOURS, INC
5433 WESTHEIMER, SUITE 600
HOUSTON, TEXAS 77056**

By Signing Below, I have read and agreed to all the terms and conditions as set forth in this brochure.

Signature X _____ Date _____

(No Registration Form Will Be Processed Without Signature And Date.)