Registration form for Pilgrimage

Excelsior Tours

Date of your arrival in Ecuador: _____
Date of your departure in Ecuador: _____

www.excelsiortour.com

PILGRIM INFORMATION

Last Name _____ **First Name** _____

As it appears on passport

Age _____ **Male** _____ **Female** _____

Address: _____ **City** _____ **State/Prov** _____ **Zip Code** _____

Phone: **Residence:** _____ **Work:** _____ **Other:** _____

Email Addres: _____

PERSONAL INFORMATION

Passport # _____ **Country** _____ **Exp Date** _____

Date of Birth _____ **Special Meals required** **Yes** _____ **No** _____

If yes please give details _____

Handicap Information: Please give details illness and/or handicaps you may have:

Note: Pilgrimages are special journeys that include a great deal of walking . We may not be able to provide special attention to a pilgrim because of the demanding nature of the itinerary. If you have health problems that will interfere with the pilgrimage - you alone responsible. In addition, many buildings are not wheelchair accessible. For the sake of all pilgrims, we reserve the right to decline the acceptance of such participants or require such participants to be accompanied by a suitable attendant. It will be possible for Excelsior Tour to provide for a suitable attendant. Please inquire with us about pricing. Should we determine that the safety of the handicapped participants or other Pilgrimage participants cannot be accommodated, we reserve the right to decline the reservation.

Emergency contact: **Relationship** _____

Address: _____ **City** _____ **State/Prov** _____ **Zip Code** _____

Phone numbers: **Residence:** _____ **Work:** _____ **Other:** _____

ACCOMODATION: Please circle YES for your accomodation type.

Single occupancy: **Yes** *** **One person room**
Double occupancy. **Yes** **Two person room (two beds or one matrimonial bed)**

Roomates: **We do not assign roomates but if you would like a share an accomodation, we will put you in contact with another Pilgrim if we are aware of any.**
If you have a Pilgrim to share an accomodation, please note the name of the Pilgrims:

Total amount to send **$** _____

Note: It will be neccessary to submit proof of medical insurance with your application if our medical insurance is not purchased

Office to complete only

Date of deposit

_____ _____

Balance due 60 days before start of Pilgrimage

Medical insurance converage in Ecuador **YES** **$ 50**

FORM OF PAYMENT **(please circle one)**

Bank Transfer (wire) **PayPal (credit card)**

Personal Check from USA bank

Each person attending the Pilgrimage must fax in a copy of their passport along with the application.
Fax numbers: USA 1-225-612-6770 or into Ecuador (5932)2570430
Email us at: tours@excelsiortour.com

Signature _____ ***Date*** _____