

REGISTRATION FORM

Pilgrimage to Portugal

Fr. Chris O'Connor and Dr. Aldona Lingertat

Feb. 26-March 7, 2027

Sponsored by The Theological Institute of Saint John's Seminary

Enclosed is my deposit \$500 per person in a double room shared
 \$1,275 in a *single room

Personal Passenger Information Required By TSA

Please PRINT CLEARLY for airline passport control!

PASSENGER Residence Information					
1	Country	2	Address		
3	City	4	State	5	Zip
PASSENGER Passport Information – exactly as appears on your passport					
1	Passport number	2	Expiration date (date/month/year)		
3	Country of issuance	4	Nationality		
5	DOB (date/month/year)	6	Gender: F <input type="checkbox"/> M <input type="checkbox"/>		
7	Surname				
8	First name				
9	Middle name				
Your tel.# _____ E-mail: _____					
Emergency contact, name & tel. # _____					
Your first name, as you'd like it to appear on name badge _____					
I would like to share a room with _____					
<input type="checkbox"/> I request a single room at a supplement charge of \$775. VERY LIMITED! *Please contact Carmel Tours for availability BEFORE mailing your deposit! <u>Deposits received on first-come, first-served basis, until limited singles are sold out!</u>					
<input type="checkbox"/> The medical form with my medical information, including a list of any medications, is enclosed with my deposit.					
<input type="checkbox"/> YES, I am in good physical condition to travel overseas and able to do the required walking.					
<input type="checkbox"/> YES, I have carefully read all terms & conditions and the travel protection and important information.					
Signature: _____ Date: _____					
PLEASE NOTE: Airfare is subject to government controlled regular air tax increases until entire group is ticketed. Carmel Tours will notify you, should any government departure, customs & immigration tax increases occur. Fuel surcharges ARE guaranteed. All tickets must be issued together at the same time as a group record.					
Your signature is required acknowledging this:					
Signature: _____ Date: _____					
Kindly make your check/money order payable to Carmel Tours. Please mail your deposit, PHOTOCOPY OF YOUR PASSPORT, registration form & medical form to: CARMEL TOURS, P.O. Box 4371, Peabody, MA 01961					



RESERVE NOW ~ SPACE IS VERY LIMITED!



For further information, please contact Eliesa, Carmel Tours 978-977-3062

TRAVEL PROTECTION

~ CARMEL TOURS STRONGLY SUGGESTS PURCHASING TRAVEL PROTECTION TO HELP PROTECT YOU AND YOUR TRAVEL INVESTMENT~

All passengers must purchase Travel Protection individually

It is suggested travelers purchase travel protection with coverage included for Covid-19.

You will be responsible for any treatment, hospitalization or hotel stay should you contract Covid-19 while traveling.

There are many Travel Protection companies on line to choose from, and usually **should be purchased within 14-21 days of deposit**, depending on the company's policy.

Carmel Tours suggests the following link to a very reputable Travel Protection Company, Travel Insured International, from which you may or may not wish to purchase Travel Protection. Another good choice is AAA, if you are a member.

We leave this to your discretion.

[AgencyLink Home \(travelinsured.com\)](http://AgencyLink Home (travelinsured.com))

ETIAS (Travel authorization to enter EU) is estimated to begin sometime in 2026. The individual traveler is responsible to fill out an application and make payment on-line. www.etias.com for further information.