|                     |              | ON WITH PAX JOURNEYS INC DATE: |            |  |
|---------------------|--------------|--------------------------------|------------|--|
| PILGRIMAGE 10       |              | DATE:                          |            |  |
| PASSPORT INFO. ENT  | ER INFORMAT  | TION EXACTLY AS C              | N PASSPORT |  |
| PASSPORT NUMBER     |              |                                |            |  |
| LAST NAME           |              |                                |            |  |
| FROM PASSPORT       |              |                                |            |  |
| FIRST AND MIDDLE    |              |                                |            |  |
| FROM PASSPORT       |              |                                |            |  |
| NATIONALITY         |              |                                |            |  |
| FROM PASSPORT       |              |                                |            |  |
| DATE OF BIRTH       | DAY          | MONTH                          | YEAR       |  |
| FROM PASSPORT       |              |                                |            |  |
| PLACE OF BIRTH      |              |                                |            |  |
| FROM PASSPORT       |              |                                |            |  |
| DATE OF ISSUE       | DAY          | MONTH                          | YEAR       |  |
| FROM PASSPORT       |              |                                |            |  |
| DATE OF EXPIRATION  | DAY          | MONTH                          | YEAR       |  |
| FROM PASSPORT       |              |                                |            |  |
| АΓ                  | DDITIONAL IN | IFORMATION                     |            |  |
| PHONE: CELL/HM      |              |                                |            |  |
| E-MAIL:             |              |                                |            |  |
| E-IVIAIL.           |              |                                |            |  |
| MAILING ADDRESS     |              |                                |            |  |
| EMERGENCY CONTACT   |              |                                |            |  |
| (NAME, RELATIONSHIP |              |                                |            |  |
| AND PHONE)          |              |                                |            |  |
| DELTA SKYMILES      |              |                                |            |  |
| NUMBER/TSA/GLOBAL   |              |                                |            |  |
| SPECIAL DIETARY,    |              |                                |            |  |
| MEDICAL OR OTHER    |              |                                |            |  |

SEE REVERSE SIDE TO SIGN DISCLAIMER AND LIABILITY WAIVER

**NEEDS:** 

ROOM (SINGLE, DOUBLE, TRIPLE)/ ROOMMATE

| PAX JOURNEYS INC. CANCELLATION POLICY AND DISCLAIMER FOR PILGRIMAGE TO, DATE:   |  |  |  |
|---|--|--|--|
| If you cancel your trip with this pilgrimage (before or during), you are responsible for any non-refundable costs incurred by <b>PAX Journeys Inc.</b>  |  |  |  |
| If you acquired an individual airline ticket on your own, you would have to coordinate with the airlines as to their cancellation policy. It is encouraged that you retain travel and medical insurance for this trip.  |  |  |  |
| For those traveling under our group airline reservations, there will be a group insurance policy issued. The policy cost is non-refundable.   |  |  |  |
| We are conducting this pilgrimage as a spiritual experience for those participating. You agree by participating in this pilgrimage that you will not hold <b>PAX Journeys Inc.</b> liable for any accident, loss, damage or injury to you or those traveling with you in connection with any occurrences that may happen including any changes in the itinerary, delays, cancellations or breakdown in equipment that is beyond <b>PAX Journeys Inc.</b> control. |  |  |  |
| <b>PAX Journeys Inc. is a non-profit entity</b> that provides a ministry to individuals and groups by coordinating and leading pilgrimages designed for travel and encourage spiritual growth.  |  |  |  |
| All PERSONAL INFORMATION GATHERED AND USED TO MAKE TRAVEL ARRANGEMENTS FOR THIS PILGRIMAGE WILL BE KEPT STRICTLY CONFIDENTIAL FOR THE PURPOSE AND NECESSITY FOR THIS EVENT ONLY AND WILL NOT BE USED FOR ANY OTHER PURPOSE.   |  |  |  |
| You and all members of your party will be required to sign your acceptance of these conditions of the CANCELLATION POLICY AND DISCLAIMER at the time of your deposit and or payment for this pilgrimage. Members under 18 years old will be signed for by their guardian.   |  |  |  |
| Pilgrimage dates: with PAX Journeys Inc.  |  |  |  |

SIGNED\_\_\_\_\_ DATE: \_\_\_\_\_