

**World Youth Day 2011, Madrid Spain, Dube Travel Registration Form - YA**

**PERSONAL INFORMATION:**

Legal Name: (as it appears on your passport - Middle name required)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell #: \_\_\_\_\_ E-mail: \_\_\_\_\_

M \_\_\_ F \_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_ US Citizen: Y \_\_\_ N \_\_\_

Passport #: \_\_\_\_\_

**RESERVATION INFORMATION:**

Type of Room: \_\_\_Single \_\_\_Double \_\_\_Triple \_\_\_Quad

Roomate(s): \_\_\_\_\_

Parish: \_\_\_\_\_

Parish Leader: \_\_\_\_\_ Leader e-mail: \_\_\_\_\_

Special Request: \_\_\_\_\_

**INSURANCE:**

I will take the insurance  I decline the insurance

**BARCELONA EXTENSION TOUR:**

Please include Barcelona Extension Tour: Yes \_\_\_\_\_ No \_\_\_\_\_

**DEPOSIT INFORMATION**

Payment Type: Check \_\_\_ Visa \_\_\_ MC \_\_\_

Card # \_\_\_\_\_ Exp \_\_\_\_\_

**TO COMPLETE THE REGISTRATION PROCESS ALL PARTICIPANTS WILL BE REQUIRED TO SIGN A RELEASE AGREEMENT AND MEDICAL WAIVER.**

I have read and acknowledge the cancellation conditions:

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return this form filled out with your deposit to:  
Dube Travel , ATTN: WYD Boston, PO Box 519, Lewiston, ME 04243