

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

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 #: _____

GUARDIAN INFORMATION:

Type of Registration: Youth ___ Adult ___ Parent/Guardian for Youth: _____

Relationship of Parent/Guardian: _____ Contact # for Parent/Guardian : _____

RESERVATION INFORMATION:

Type of Room: ___Single ___Double ___Triple ___Quad

Roomate(s): _____

Parish: _____

Parish Leader: _____ Leader e-mail: _____

Special Request: _____

Barcelona Extension Tour:

Please include Barcelona Extension Tour: Yes ___ No ___

INSURANCE:

___ I will take the insurance ___ I decline the insurance

DEPOSIT INFORMATION

Payment Type: Check ___ Visa ___ MC ___

Card # _____ Exp _____

TO COMPLETE THE REGISTRATION PROCESS ALL PARTICIPANTS AND PARENTS OR GUARDIANS OF PARTICIPANTS UNDER THE AGE OF 18 WILL BE REQUIRED TO SIGN A RELEASE AGREEMENT AND MEDICAL WAIVER.

I have read and acknowledge the cancellation conditions:

Signature _____ Date _____

Parent/Guardian Signature:

_____ Date: _____

Please return this form filled out with your deposit to:

Dube Travel , ATTN: WYD Boston, PO Box 519, Lewiston, ME 04243