

IMPORTANT! Write your name exactly as it appears on your passport.

Last Name		
[Redacted]		
First Name	Middle Name	
[Redacted]	[Redacted]	
Organization		
[Redacted]		
Date of birth	Gender	Nationality + passport #
MM/DD/YY	[Redacted]	[Redacted]
Home phone	Mobile phone	
[Redacted]	[Redacted]	
Email		
[Redacted]		

- I request to room with:
[Redacted] *name of person*
- I need a roommate. I understand if I do not have a roommate I will be required to pay the **\$999 single room supplement fee**.
- I request a single room. Single rooming requires a supplement of \$999 and may increase your travel protection premium, if any.

- Payment by Check or Money Order**
Payable to: HOLY TRAVEL INC
Full payment due 100 days prior to departure date.
- I agree.
- Payment by Card (plus 4% processing fee)**
Full payment due 100 days prior to departure date.
- I agree.
We will contact you to process your card by phone.

Travel Protection Plan (optional but recommended)
For more info: 281-706-7016

- Yes, I am interest in purchasing a protection plan.
Protection plans are age-based. One of our representatives will give you a call to further discuss your options.

How to pay by bank:

Bank of America	Please make sure to send a copy of your bank deposit receipt to:
Account: 488066873835	
Routing: 111000025	sales@holytravelinc.com
Wires: 026009593	(281)706-7016

Include a minimum payment of \$1000 per traveler. Submitting any payment acknowledges you have read, understand, and agree to the Terms & Conditions available online at holytravel.com. You may request a printed copy of the Terms & Conditions mailed to your residence. For enquiries, please call (281)706-7016. ©2022 Holy Travel. All Rights Reserved.