

REGISTRATION FORM

13 Day Tour to the Shrines of Austria, Hungary, & Croatia
Fr. Alex Vargas ***May 11 – 23, 2026***

St. Thomas More Catholic Church – Boynton Beach, FL

Your Passport Must Be Valid for at least 6 Months AFTER Your Return Date.

PLEASE PRINT / *PLEASE ATTACH A COPY OF YOUR PASSPORT*

Last Name on Passport:	
First Name on Passport:	
Middle Name on Passport:	
Address:	
City/State/Zip:	
Phone (including area code):	
Email address:	
Passport number:	Place of issue:
Date of issue:	Expiration date:
My date of birth is (month/day/year):	Gender: M F
In case of emergency please contact (name & phone):	
Please choose one of the following:	
☐ I want to room with (give name):	
☐ I need a roommate	
☐ I want a Single Room (at additional \$1,300.00)	

NON-REFUNDABLE DEPOSIT OF \$300.00 PER PERSON- (SEE TERMS & CONDITIONS)

PLEASE MAKE CHECKS PAYABLE TO: **INSPIRATIONAL TOURS, INC.**

PLEASE MAIL CHECK AND REGISTRATION FORM, ALONG WITH A COPY OF YOUR PASSPORT TO:

INSPIRATIONAL TOURS, INC.
5433 WESTHEIMER RD, STE 600
HOUSTON, TX 77056

I understand it is my responsibility to obtain any visas/re-entry permits necessary for this trip if I do not hold an American Passport. By signing and submitting this form, I acknowledge I have read and agreed to all terms and conditions as set forth in the Tour Brochure.

Signature: _____ Date: _____

(Registration Form Will Not Be Processed Without A Signature And Date)