Peace Lutheran & Prince of Peace Church in partnership with Ed-Ventur	es, Inc. Please register me for:
	□ <b>CWCC22:</b> April 21-May 7, 2022
Celtic Christianity To	land & est. air from:
	□ Minneapolis OR □ Columbus
	□ Single Supplement • \$925
<b>Passenger Information</b> (1 <sup>st</sup> Traveler)	<b>Passenger Information</b> (2 <sup>nd</sup> Traveler)
Please record information exactly as it appears on your	Please record information exactly as it appears on your
<b>passport.</b> Passport information may be sent later if you have	passport. Passport information may be sent later if you
yet to obtain a passport. Best practice is to include a copy of the photo page of your passport.	have yet to obtain a passport. Best practice is to include a copy of the photo page of your passport.
Legal Name:	Legal Name:
(Name for name badge):	(Name for name badge):
Passport #:	Passport #:
Passport Exp. Date:	Passport Exp. Date:
Passport Authority:	Passport Authority:
Date of Birth:	Date of Birth:
Place of Birth:	Place of Birth:
Gender: (required by airline)	<b>Gender:</b> (required by airline)
Dietary Needs:	Dietary Needs:
Address:	
City: State: Zip: Phone:	
Work phone/cell: E-mail:	
Emergency Contact Name:   Phone:	
Sleening Preference (circle one): Double bed Twin Bed	
Sleeping Preference (circle one): Double bed Twin Bed Roommate name:	S
Sleeping Preference (circle one): Double bed Twin Bed Roommate name:	S
Roommate name:(	s DR Single supplement:YesNo
Roommate name:       0 <u>Travel Insurance</u> (please check one)	s DR Single supplement:YesNo <i>Price is 7.2% of tour cost</i>
<b>Roommate name:</b> O <b>Travel Insurance</b> (please check one)         I wish to purchase Travel Guard insurance and have inc	S DR Single supplement:YesNo Price is 7.2% of tour cost luded the premium with my deposit.
Roommate name:       0         Travel Insurance       (please check one)	S DR Single supplement:YesNo Price is 7.2% of tour cost luded the premium with my deposit.
Roommate name:       0 <u>Travel Insurance</u> (please check one)       0         I wish to purchase Travel Guard insurance and have incl       0         I wish to decline the travel insurance offered through Travel Complete th	S DR Single supplement:YesNo Price is 7.2% of tour cost luded the premium with my deposit.
Roommate name:       O <u>Travel Insurance</u> (please check one)       O         I wish to purchase Travel Guard insurance and have include       O         I wish to decline the travel insurance offered through Travel       O         Deposit Payment Information (please check one)       O	s DR Single supplement:YesNo Price is 7.2% of tour cost luded the premium with my deposit. avel Guard.
Roommate name:       0         Travel Insurance (please check one)       0         I wish to purchase Travel Guard insurance and have incomplete the travel insurance offered through Travel Insurance offered through Travel Travel Information (please check one)         Deposit Payment Information (please check one)         Enclosed is my \$ deposit and insurance premium	s DR Single supplement:YesNo Price is 7.2% of tour cost luded the premium with my deposit. avel Guard. (if applicable). Make check payable to Ed-Ventures, Inc.
Roommate name:	S DR Single supplement:YesNo Price is 7.2% of tour cost luded the premium with my deposit. avel Guard. (if applicable). Make check payable to Ed-Ventures, Inc. if applicable) to my Discover/MasterCard/Visa.
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Roommate name:	S DR Single supplement:YesNo Price is 7.2% of tour cost Huded the premium with my deposit. avel Guard. (if applicable). Make check payable to Ed-Ventures, Inc. if applicable) to my Discover/MasterCard/VisaExp. Date: *last 3 digits in signature box on the back of the card our card number, and sign that we have permission to run it.  prohibits the carriage of certain hazardous materials in your fine or imprisonment. Visit www.tsa.gov for more information. low, I understand that price changes are possible at the time charges, fuel costs, taxes and tariffs, and the number of
Roommate name:       0         Travel Insurance (please check one)       1 wish to purchase Travel Guard insurance and have inc         I wish to decline the travel insurance offered through Tr         Deposit Payment Information (please check one)         Enclosed is my \$ deposit and insurance premium         Please charge \$ deposit and insurance premium         Credit Card Number:         Card ID Code:*         If calling in your number, please provide the last 4 digits of your         Initial to acknowledge you understand that Federal law         luggage or on your person aboard aircraft and could result in a second invoicing, due to exchange rates, an increase in carrier of passengers traveling in the group. I agree to the terms and cond	S DR Single supplement:YesNo  Price is 7.2% of tour cost Uded the premium with my deposit. avel Guard.  (if applicable). Make check payable to Ed-Ventures, Inc. if applicable) to my Discover/MasterCard/VisaTexp. Date: *last 3 digits in signature box on the back of the card our card number, and sign that we have permission to run it.  prohibits the carriage of certain hazardous materials in your fine or imprisonment. Visit www.tsa.gov for more information.  low, I understand that price changes are possible at the time charges, fuel costs, taxes and tariffs, and the number of itions of this tour.
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