



Pilgrimage to Medjugorje

September 16-24, 2024



NAME AS IT APPEARS ON PASSPORT

(Last name) (First name) (Middle name)

DATE OF BIRTH, PASSPORT NUMBER, EXPIRATION DATE

(Date of birth) (Passport number) (Expiration date)

ADDRESS

(City) (State) (Zip code)

PHONE

EMAIL

NAME YOU WOULD LIKE ON YOUR NAME BADGE

OPTIONAL:

Private Room: \$240 (If traveling alone) or Roommate Request: _____

I wish to extend my stay.

* Signature _____ Date _____

Registration payment for this tour constitutes your acceptance of all terms and conditions as per: www.81tours.com/terms

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-or-

Mail completed form with check payable to **"81 Tours" to:**

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-or-

Call us at **(856) 563-4696** for assistance

\$500 Deposit is required at registration.

Final Payment is due 8 weeks prior to Departure Date.

You will receive Travel Documents approximately three weeks before departure.



(856) 563 4696



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