

**BISHOP JOHN HOWARD & THE BISHOP'S INSTITUTE
IN THE EPISCOPAL DIOCESE OF FLORIDA
GROUP TOUR TO SICILY
October 1 – 11, 2019**



TOUR REGISTRATION FORM

NAME (as shown on your passport): _____

ADDRESS: _____

TELEPHONE: _____ EMAIL: _____

PASSPORT NUMBER: _____

PLACE OF ISSUE: _____

ISSUE DATE: _____ EXPIRATION DATE: _____

DATE OF BIRTH: _____

*** Please note: you are responsible for your own flight arrangements to and from the United States**

FLIGHTS: if you have flights booked already, please provide the details:

Arrive: _____ on flight # _____ on (date) _____

Depart: _____ on flight # _____ on (date) _____

EMERGENCY CONTACT: _____

RELATIONSHIP: _____ TELEPHONE: _____

TELEPHONE # IN SICILY: _____

I WOULD LIKE A SINGLE ROOM: YES _____ (Supplement may apply) NO _____

DIETARY RESTRICTIONS OR ALLERGIES: _____

Please mail your deposit of \$1000 per person with the completed registration form.
Last day to enroll is February 1, 2019

**Karen La Rosa
La RosaWorks, Sicily Tours & Travel
247 W. 87th Street
New York, NY 10024**

Thank you!