RESERVATION FORM

PILGRIMAGE TO ISRAEL, THE HOLY LAND LED BY
FR. CHUCK FASO, OFM AND FR. BILL BURTON, OFM
Nov. 29-Dec. 8, 2010-04-19
For check payment: $2,398 For credit card payment: $2,495

Name (per passport) _____ Name preferred on badge_____

Address:

_____
Street Number City State ZIP

Home Tel No.: (____)_____ Alternate Tel No.: (_____)_____

Name of roommate, if known _____ E-mail:_____

Passport: Please check applicable box:
☐ US passport Passport No.: _____ Expiration Date: _____

☐ Non-US passport: Nationality: _____ Passport #:_____ Exp. Date: _____

☐ Please confirm a single room supplement for an additional $445 (add 4% if credit card)

☐ Enclosed is my check payment of $300 per person. Balance due October 1, 2010. Please make your check payable to AMI Travel, Inc. (in USD currency) and mail to: AMI Travel, attn. Lebbie Chung. 5809 N. Cicero Ave., 1ST Floor, Chicago, IL 60646

CREDIT CARD AUTHORIZATION FORM

Please complete and sign the following form and return via fax to: AMI Travel, Inc**.** at: (773) 777-4921 or mail to: AMI Travel, attn. Lebbie Chung. 5809 N. Cicero Ave., 1ST Floor, Chicago, IL 60646

Group Name: Fr. Chuck Faso and Fr. Bill Burton c/o Genevieve (Paris participants)

Name of card holder *as it appears on the credit card*)_____

Address**:** (*as appears on credit card statement*)

_____
Street Number City State ZIP

Type of cards accepted; *please mark applicable box*: ☐ Visa ☐ Master Card ☐ Amex ☐ Discover

Credit Card Number : ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Expiration Date:_____/_____/_____

Amount of charge: $ _____

This charge is to be applied to the following travelers: Name(s) **exactly** as printed on passport(s)

_____, _____

I hereby authorize AMI Travel, Inc. and/or its suppliers to charge the above credit card for the listed amount.

*Card Holder Signature:*_____ *Date:* _____