



Representative of
**OPERA ROMANA
 PELLEGRINAGGI**

Kairos Pilgrimages, Inc.
 94 Jackson Road, Suite 206
 Devens, MA 01434 USA
 978-772-2467 tel • 978-772-5544 fax
 www.kairos pilgrimages.com

PILGRIM REGISTRATION FORM

NAME (exactly as it appears on your passport)

FIRST MIDDLE..... LAST

CITIZENSHIP.....PASSPORT NUMBER.....

DATE OF BIRTH..... GENDER:.....

STREET.....CITY.....

STATE.....ZIP CODE.....COUNTRY.....

HOME PHONE.....CELL PHONE.....

EMAIL:

PILGRIMAGE TO:

GROUP LEADER.....

By registering for this pilgrimage, I accept Kairos Pilgrimages terms and conditions and refund regulations. I declare that I do not have any pre-existing medical conditions that could affect my health during the pilgrimage. I will inform Kairos Pilgrimages by phone at +1 978 249 6580 or email to p.brown@kairos pilgrimages.com, if these conditions change before departure.

Signature..... Date.....

EMERGENCY CONTACT:

NAME.....RELATIONSHIP.....

RESIDENTIAL ADDRESS.....

COUNTRY.....

CONTACT PHONE NUMBER(S).....