



Name of Tour	Date of Tour
Led by	Reference #

## BOOKING FORM

To make a booking please complete in **BLOCK CAPITALS** and sign this Booking Form. **Each pilgrim** must sign the Terms and Conditions Form and the Waiver Form, and return all documents to:

### LightLine Pilgrimages

1829 N Cleveland Ave., Unit B | Chicago, IL 60614 Tel: 312.622.6808 | [info@lightlina.com](mailto:info@lightlina.com)

### LEAD PASSENGER

Title	Given names as appears on passport			Last Name	Name known by
Gender	Date of Birth mm/dd/yyyy	Nationality	Passport Number mm/dd/yyyy	Passport Issue Date mm/dd/yyyy	Passport Expiration Date mm/dd/yyyy
KTN   TSA Number		Frequent Flyer Number		Seating Request	

### SECOND PASSENGER

Title	Given names as appears on passport			Last Name	Name known by
Gender	Date of Birth mm/dd/yyyy	Nationality	Passport Number mm/dd/yyyy	Passport Issue Date mm/dd/yyyy	Passport Expiration Date mm/dd/yyyy
KTN   TSA Number		Frequent Flyer Number		Seating Request	

## BOOKING FORM *(Continued from previous page)*

Address		
City	State	Zip Code
Cell Phone	Other Phone	Email

### ACCOMMODATIONS *(Please select appropriate box)*

<input type="checkbox"/>	Twin   Double Bed Room	Remarks   Special Diets etc.
<input type="checkbox"/>	Shared Twin Room	
<input type="checkbox"/>	Single Room <i>(incurs a supplementary cost)</i>	
<b>PAYMENT</b>		
Deposit per person	<input type="text"/> @ US \$500 =	
Total enclosed	<input type="text"/>	

By signing and submitting this booking form and non-refundable deposit you confirm that you and all of the travelers named on the booking form understand and are bound by Lightline Pilgrimages NA, LLC's terms and conditions, waiver of liability and assumption of risk and indemnity agreement ("waiver of liability"), and custom itineraries and invoices pertaining to the trip (collectively, "booking documents"). You all understand that each traveler must submit a signed waiver of liability by the date specified on the confirmation invoice to participate on the trip. We recommend that you submit the documents for yourself and each traveler at the time of booking by mail or email at the address below. You agree that you and all of the travelers named above have read and are bound by the booking documents whether or not you have signed them. You certify that you are not aware of any circumstances which are likely to lead to cancellation or the curtailment of the pilgrimage by any person. You confirm that you would like all correspondence sent to your address.

<b>Signature of participant:</b>	<b>Date:</b>
<b>Signature of participant:</b>	<b>Date:</b>

### CHECK PAYMENTS

Please make check payments out to *Lightline Pilgrimages NA LLC*.

**\*PLEASE CONTINUE onto pages 3-4 to read and sign the Acceptance of Waiver.**