

Passenger Name: \_\_\_\_\_

(As reflected on your passport)

Country Origin of Passport: \_\_\_\_\_

Please mail a copy of your passport picture page with your registration form

Passport Number: \_\_\_\_\_ Passport Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Must be valid for a minimum of 6 months AFTER trip return date

Email Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

If you are requesting a single room please place an "X" in the space below next to single. Single room supplements include an additional cost for the trip. Please contact the FaithWalk leadership team for the cost. Please indicate your roommate request, if known, in the space provided below:

Single \_\_\_\_\_ Roommate \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Card Type:



Other: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

\_\_\_\_\_

Exp. Date: \_\_\_\_\_

Name as it appears on card: \_\_\_\_\_

Signature: \_\_\_\_\_

Participant authorizes FaithWalk International to charge credit card

Make checks payable to: **FaithWalk International**

Please specify the name you would like on your nametag: \_\_\_\_\_

Leadership Backpack Color (Circle preference):

**Red**

**Black**

**Blue**

**Gray**

Special Requests/Needs \_\_\_\_\_

Seating preference: **Aisle** **Window** ◀(Circle Choice)



Amount Enclosed:

\$ \_\_\_\_\_



**FaithWalk**  
**INTERNATIONAL**



**2011**  
***Registration Form***

*Please mail your registration form to:*

**FaithWalk International**  
Attn: David Cerjan  
1276 N. Wayne Street  
Suite 825  
Arlington, VA 22201