

Marianist Mission  
11-Day Pilgrimage to  
Italy  
April 13-23, 2012

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**RESERVATION REQUEST**

Send this form with a check payable to: FAR HORIZONS

**FAR HORIZONS, 135 Chestnut Ridge Rd., Montvale, NJ 07645.**

**Phone: 201-799-4382 or 877-482-8747. Fax: 201-822-3201. Email: farhorizons@cwtmj.com**

Enclosed is my/our deposit of \$1000.00 per person for the above pilgrimage to Italy.

**Homeland Security rules require that you provide us with your exact name as it appears on your PASSPORT and your date of birth. If you have a P.O. Box, provide your street address with zip code.**

Name: (1) \_\_\_\_\_

Date of Birth: (1) \_\_\_\_\_

Name: (2) \_\_\_\_\_

Date of Birth: (2) \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

\_\_\_\_\_ I would like to occupy a single room at an additional \$999.

\_\_\_\_\_ I plan to share a twin-bedded room with: \_\_\_\_\_

\_\_\_\_\_ I would like Far Horizons to select a roommate (if available) to share a twin-bedded room with me. If not available, I understand that I will be charged the single supplement.

Your reservation will be considered official only after your full payment has been received. Should you cancel after your reservation has been received, the cancellation penalties in the "Tour Conditions" apply. I/We have read and agree to the terms and conditions which apply to this tour, especially noting the cancellation and responsibility clauses.

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