

**REGISTRATION FORM**

Please reserve \_\_\_\_\_ seat(s) on:

**A CATHOLIC PILGRIMAGE  
TOUR TO ITALY WITH  
FATHER BRIAN KELLY**

April 28 - May 8, 2020

Please enclose a \$500 deposit per person

Name(s) \_\_\_\_\_

Address \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Rooming with: \_\_\_\_\_

OR

I request a single room at an additional \$600.

My signature on the line below indicates that I have read and agree to the terms and conditions in this brochure.

\_\_\_\_\_  
\_\_\_\_\_

**Make check payable to  
Pilgrimage Tours LLC and return to:  
Katie Cavallo Rholi  
P.O. Box 90672  
San Diego, CA 92169**