

DIocese OF BRIDGEPORT WORLD YOUTH DAY MADRID

**Reservation Form
August 10 -23, 2011**

PERSONAL INFORMATION:

Legal Name: (as it appears on your passport - Middle name required)

Address: _____

City: _____ State _____ Zip _____

Home Phone: _____ Cell #: _____ E-mail: _____

M ___ F ___ Date of Birth: ___/___/___ US Citizen: Y ___ N ___

Passport #: _____ Passport Expiration Date: _____

GUARDIAN INFORMATION:

Type of Registration: Youth ___ Adult ___ Parent/Guardian for Youth: _____

Relationship of Parent/Guardian: _____ Contact # for Parent/Guardian : _____

RESERVATION INFORMATION:

Type of Room: ___Double ___Triple ___Quad

Roomate(s): _____

Parish: _____

Parish Leader: _____ Leader e-mail: _____

Special Request: _____

INSURANCE:

___I will take the insurance ___I decline the insurance

DEPOSIT INFORMATION

Payment Type: Check ___ Visa ___ MC ___

Card # _____ Exp _____

I have read and acknowledge the tour condition/responsibilities and cancellation information :

Signature _____ Date _____

Parent/Guardian Signature:

_____ Date: _____

Please return this form filled out with your deposit to:

**Dube Travel
ATTN: WYD - Bridgeport
PO Box 519
Lewiston, ME 04243**