



HAJJ '2012 REGISTRATION FORM

Type or Print Your Information Below (One Application per person)

Full Name (As it appears in passport): _____

Mother's maiden name _____

Date of Birth _____ Present Nationality _____

Passport # _____ Issue Date: _____ Expiration Date _____

Where was pasport issued? _____

If you are **not** a US Citizen or Resident, please list what type of visa you have: _____

Address: _____

Tel Number: Work _____ Home _____ Cell: _____

Your email address: _____

Name of person travelling with you (if any): _____

Relationship of person travelling with you: _____

Program Chosen:

Program "A" (18 Days Standard) Program "B" (17 Days Economy)

Program "C" (11 Days Express)

Side Trips to Other Destinations? _____

If Yes, please indicate where:- _____

Indicate any form of disorder:- _____

Difficulty walking, Difficulty Hearing, Forgetfulness, Breathing problems, Heart problems, etc.

Medications used: _____

Credit Card Info (for return mailing of documents): We will apply the card # to the Fedex Form.

Card # _____ Expiry _____ Security # at back of card _____

Full payment is due 60 days before departure date.

Any cancellation between time of registration and 60 days of departure date is subjected to \$1,000.00 penalty.

Any cancellation from sixty (60) days and departure date is non-refundable.

PRINT NAME:

FULL PAYMENT OF _____

Signature

Registration Date:-