

General Information

Title: Mr. Mrs. Ms. Rev. Dr. Other

Name: _____ (as it appears on your passport)

Name I prefer to be called: _____

Address (street/city/state/zip): _____

Gender: _____

Phone: _____ Email: _____

Room Information

If you don't have a roommate and would be willing to share a room, we will attempt to match you with another pilgrim. If this is not possible, you may be charged an additional fee.

_____ Double Room Sharing a room with: _____

_____ Single Room (\$550 supplement fee, limited availability)

Agreements

By signing below, I confirm that I understand the following:

- I must have a valid passport to travel to the United Kingdom and for the entirety of my stay. If I plan to travel on to another European country or further abroad, my passport must be valid for a minimum of 6 months beyond the duration of my stay.
- I must be in reasonably good health and able to move my luggage on my own for a short distance.
- Should I cancel my participation, I must notify Washington National Cathedral in writing. My registration includes an \$800 deposit. Any refunds will be determined by the schedule described in the itinerary.

Signature: _____

Payment Information

Your registration is not complete until you have made your \$800 deposit. Please attach a check (payable to Washington National Cathedral) or complete the payment information below. To pay by credit card via phone, please call 202-537-2221. We are sorry we are unable to process American Express credit cards.

Payment Amount: _____ Full (\$3770 + single room fee of \$550 if applicable) _____ Deposit (\$800)

Credit Card Number: _____ Exp. Date: _____

Name as it appears on Credit Card: _____

Signature: _____

Please scan and email the completed forms to pilgrimages@cathedral.org or mail to
Washington National Cathedral
Attn: Box Office
3101 Wisconsin Ave., NW
Washington, DC 20016