7 STEP REGISTRATION
(Follow the numbered steps)

Italia San Peregrino

October 22 - 31, 2026

ITL OCT 2026 - TCP

Step 1

1st Passenger Information (PLEASE PRINT LEGIBLY IN BLOCK LETTERS)

Last Name (PLEASE PRINT LEGIBLY) ↟		↟ First Name (PLEASE PRINT LEGIBLY) Middle Name ↟	
Address ↟	City ↟	State ↟	Zip Code ↟
M or F			
Gender ↟	Phone Numbers (CELL PREFERRED) ↟	Email Address (for faster communications) ↟	
Date of Birth ↟	Place of Birth (State, Country) ↟		

Any Comments? Requests? Medical Conditions/Allergies/Diets? (Weight loss or specialty diets cannot be accommodated)

Step 2A ** Please check your desired Room Occupancy below ** NOTE: US PASSPORT IS REQUIRED FOR TRAVEL!

Single Private Room * Very limited ☐ | Sharing Room with 2nd person below * Please write roommate's name on passenger 2 ☐ | Sharing room (please find me a roommate) * We will do everything to assign you a roommate ☐ | Triple Occupancy * Extremely Limited ☐

Triple occupancy: Please print an additional form to add a 3rd person

2B 2nd Passenger Information (only if you have a second passenger) (PLEASE PRINT LEGIBLY IN BLOCK LETTERS)

Last Name (PLEASE PRINT LEGIBLY) ↟		↟ First Name (PLEASE PRINT LEGIBLY) Middle Name ↟	
Address ↟	City ↟	State ↟	Zip Code ↟
M or F			
Gender ↟	Phone Numbers (CELL PREFERRED) ↟	Email Address (for faster communications) ↟	
Date of Birth ↟	Place of Birth (State, Country) ↟		

Any Comments? Requests? Medical Conditions/Allergies/Diets? (Weight loss or specialty diets cannot be accommodated)

3

3. A note about Travel Insurance (all registrations need to have this below item checked off)

We recommend travel insurance to protect your travel investment. You must purchase this insurance independently. We also recommend that travel insurance be purchased only after our company has notified you that your deposit has been charged or deposited. Exclusion of pre-existing medical conditions is usually waived if you purchase your insurance within 14 days from your deposit date on your confirmation statement. Note: You agree that Mater Dei Tours will not be held responsible for any non-refundable insurance premiums in case your tour is cancelled for any reason.

Optional Travel Insurance is additional. Information and suggestions will be included with your confirmation.

☐ < **I UNDERSTAND** < please check here that you understand that if you wish to protect your trip with travel insurance, you need to contact a travel insurance company directly or an insurance agent, once we notify you that your deposit has been charged.

Mater Dei TOURS ®

In conjunction with

True Catholic Pilgrimages
WWW.TRUE-CATHOLIC-PILGRIMAGES.COM

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4. Tour Pricing Information

Tour Detail | *** ALL Costs are per passenger (Please Check Choice)** | 4

AIR INCLUSIVE TOUR PACKAGE from the city featured in the box below (other airports may be available at an additional cost): * Price is per person, based on double occupancy in a room shared with another passenger (2 people in 1 room). See brochure for other inclusions. (*) This price already includes US departure & entry taxes, airline fuel surcharges, foreign governments' entry and departure taxes, 9/11 security fees, immigration fees, customs fees, agriculture fees, airport fees, passenger facility charges and ticketing fees (approximately 14 different air taxes and fees in total) (Taxes and fees are beyond our control and are subject to change, thus affecting the price)

$ 6,599 ☐ per person, in double occupancy (sharing)

***OR Optional* Land Only Package.** This package eliminates all air transportation inclusions. (Passenger assumes responsibility for being at the rendezvous point in advance of the group. Please read "Land Only Bookings" in Terms & Conditions). Rate shown is based on double occupancy (sharing room with another person). For Single occupancy, please add the optional single supplement below.

$ 5,388 ☐ per person, in double occupancy (sharing)

Optional Single Room Supplement: Single room occupancy, one room per person (room availability is very limited) + $1,199 ☐ Per person

Optional Triple Room Discount: A small per person discount offered when 3 people are sharing 1 room with existing bedding * (room availability is extremely limited) — $20 ☐ Per person

Please write # of people who are flying with the group from: DENVER, CO >> ☐

Please shade circle if you wish to depart from a different city (add'l. costs). ◯ *Please write desired city. > > >* ⇦⇦ CITY

Registration & Balance deadline **June 24th, 2026** (or as long as space remains available)

$500 PER PERSON DEPOSIT REQUIRED > > > > > > > > > > > > > > > > > >

< < (balance payment required by due date on the left)

5 **$** payment you wish to pay today

6. Payment Information

Paying with a Check?

Please make Checks Payable to:

Landa Cleary Travel Co. Inc.

How do I send my registration?

1) Complete, sign and send registration by email: registrations@materdeitours.com
2) Print, complete, and send photo (or scan) of registration to: registrations@materdeitours.com
3) Send it via fax 1 (608) 849-3396
4) By Traditional Mail or UPS (slowest way) > > > Mail Payments and Registrations to:
Mater Dei Tours, 215 S Century Ave #211, Waunakee WI 53597

6b **Paying with a Credit Card?** << Charges may appear as Landa Cleary Travel Co. Inc.

CARD HOLDER'S NAME (PLEASE PRINT): >>

MASTER CARD, VISA, AMEX or DISCOVER

MM / YYYY | 3 digit code (4 digit for Amex)

Accepted Cards ↑ | Credit Card Number ↑ | Expiration Date ↑ | 3 or 4 Digit Security Code ↑

Your Billing Address ↑ (where the credit card sends you your bill) | City ↑ | State ↑ | Zip ↑

7. Please check mark: ◯ **I have received, read, understand and agree to the Terms and Conditions of this tour**

7

X _____ Signature of Traveler #1 Date

X _____ Signature of Traveler #2 (if you have a 2nd passenger) Date

By signing or typing my (our) name(s) above, I (we) declare that all persons listed on this reservation form have read the terms and conditions of this tour, and understand and accept the terms and conditions of this tour. I (We) agree to pay according to the terms and conditions. I (We) declare that I am (we are) in good physical health and am (are) able to travel without assistance unless I (we) provide a full time assistant at my (our) own expense. I (We) understand that this pilgrimage may require walking (sometimes from one to possibly as many as three miles in one visit).