

# GREAT SAINTS PILGRIMAGE ROME & ASSISI

October 7 - 16, 2024



## REGISTRATION FORM

Jon Leonetti    Fr. Scott Bullock  
Host                      Chaplain

Please print, complete, and mail this form with your deposit to:

SacredWay Pilgrimages  
4524 89th St. Urbandale, IA. 50322

**\* Indicates required question**

\* Will you be traveling as a couple:

Yes

No

\* Guest 1:

\* First Name \_\_\_\_\_

\* Middle Name \_\_\_\_\_

\* Last Name \_\_\_\_\_

Guest 2:

First Name: \_\_\_\_\_

Continued

**Guest 2 (Continued):**

Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

**\* Address:**

\* Street Address: \_\_\_\_\_

\* City: \_\_\_\_\_

\* State: \_\_\_\_\_

\* Zip Code: \_\_\_\_\_

\* Primary Cell/Home Phone: \_\_\_\_\_

\* Email Address: \_\_\_\_\_

**NOTE:** Updates about your trip will be sent by email only. Please be sure that your email settings allow for electronic communication originating from [Jon.Leonetti@gmail.com](mailto:Jon.Leonetti@gmail.com) and addresses ending in [@SacredWayPilgrimages.com](mailto:@SacredWayPilgrimages.com).

Medical/Dietary Needs \_\_\_\_\_

\_\_\_\_\_

**\* Room Arrangements (check one)**

Single (1 Bed)

Double (1 Bed, 2 People)

Twin (2 Beds, 2 People)

**Continued**

**If Single:**

- Match me with a roommate (Please note a roommate cannot be guaranteed)
- Solo (in room by myself). Additional \$1,147 single room supplement applies.

\* **Emergency Contact (Name and Phone #)** \_\_\_\_\_

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\* **Deposit:**

- Enclosed is a check/money order in the amount of \$500 *per person* for my initial deposit.
- I would like an electronic invoice to pay the deposit via credit or debit card (payments completed electronically are subjected to a 3% Electronic Payments Processing charge).

\* **Final Payment**

- I agree to remit the final pilgrimage payment on or before July 7, 2024

\* **Full Name (Print):** \_\_\_\_\_

\* **Signature:** \_\_\_\_\_

\* **Date:** \_\_\_\_\_

**PLEASE NOTE:** We strongly suggest that you consider purchasing a travel protection plan to protect your travel investment. **For travel protection please contact Trent Middendorf of Middendorf Insurance for more information on rates and coverages for our customized plan. Email: [tmiddendorf@middendorffins.com](mailto:tmiddendorf@middendorffins.com) or call (515) 252-1414 for details and costs.** By signing below, I consent to any necessary itinerary changes, price adjustments, cancellation policy listed in the TERMS OF SERVICE and agree to be bound by Sacred Way Pilgrimages, LLC (SWP) TERMS OF SERVICE as outlined at: [www.PilgrimageToRome.com](http://www.PilgrimageToRome.com). I also understand that (SWP) highly encourages the purchase of travel protection and that any fees associated with this trip cannot be waived for any reason. By declining to purchase travel protection I assume all financial losses associated with this trip which otherwise may be covered by travel protection.

**Continued**

I also agree not to contest charges associated with the trip cost as outlined in this brochure. Airfare can be booked independently by you or booked and invoiced through SacredWay Pilgrimages. Our team, led by Jon, is dedicated to ensuring a seamless arrival in Rome and is available to assist with your airfare arrangements. ***Please refrain from finalizing any airfare bookings until you receive explicit approval from Jon and his team.***

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**Jon, Fr. Scott, and all of SacredWay Pilgrimages greatly look forward to welcoming you on the Great Saints Pilgrimage!**

**God bless you!**

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