

REGISTRATION FORM

14 Day Catholic Shrines of Japan

Fr. Francis Macatangay

May 17 - 30, 2026

St. Cecilia Catholic Church - Houston, TX

By submitting this form, I understand it is my responsibility to obtain any visas/re-entry permit necessary for this trip if I don't hold an American Passport.

Your Passports Should Be Valid 6 Months After Your Return Date!

PLEASE ATTACH A COPY OF YOUR PASSPORT TO THIS FORM.

PLEASE PRINT YOUR INFORMATION BELOW

Last Name on Passport:		First Name on Passport:	
Middle Name on Passport:			
Address:			
City/State/Zip:		Phone Number (including zip):	
Email address:			
Passport number:		Country of issue:	
Date of issue:		Expiration date:	
Gender: M F			
My date of birth is (month/day/year):		Country of birth:	
In case of emergency please contact (name & phone):			
Please choose one of the following:			
<input type="radio"/> I want to room with (give name):			
<input type="radio"/> I need a roommate			
<input type="radio"/> I want a Single Room (at additional \$1,500.00)			

A NON-REFUNDABLE DEPOSIT OF \$300.00 PER PERSON - (SEE TERMS & CONDITIONS)

Please Make Checks Payable To: **Inspirational Tours, Inc.**

Please Mail Checks, Registration Form, & Copies Of Passports To:

Inspirational Tours, Inc.

5433 Westheimer Rd., STE 600

Houston, TX 77056

By Signing Below, I have read and agreed to all the terms and conditions as set forth in this brochure.

Signature X _____ Date _____

(No Registration Form Will Be Processed Without Signature And Date.)