

**Catholic Theological Union**  
**Lands of the Bible 2021 Reservation Form**

PLEASE RESERVE A PLACE FOR THE FOLLOWING CTU TRIP:

**Holy Land Israel & Jordan, October 16-29, 2021**

**Land of Egypt, December 2-12, 2021**

**Name(s)** (exactly as it appears on your passport):

1. \_\_\_\_\_

2. \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**Passport Information**

Passenger 1

Passenger 2

Passport no.: \_\_\_\_\_

Date of Issue: \_\_\_\_\_

Place of Issue: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

*Please also send a photocopy of the main information page of your passport which includes your photo. Note that due to travel regulations, your passport must remain valid for at least six months after our travel.*

**Single Supplement**      Yes\_\_\_\_      No\_\_\_\_

*Information on the single supplement costs for each trip will be forthcoming.*

**Deposit**

\_\_\_ Enclosed is a \$500 per person deposit to confirm my reservation on the trip. I understand that this deposit is fully refundable up to four weeks prior to departure.

[Note: please make out checks to: Catholic Theological Union]

or

\_\_\_ Please charge my credit card \$500 per person for the refundable deposit.

\_\_\_ Visa

\_\_\_ American Express

\_\_\_ Master Card

Amount:     \$\_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Name as it appears on card: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Please return deposit and completed information form to:

Fr. Donald Senior, C.P.  
Catholic Theological Union  
5401 S. Cornell Ave.  
Chicago, IL 60615

Phone: 773-371-5411

E-mail: devoffice@ctu