**Registration Form**

**Jewel Heart Pilgrimage to**

**Kathmandu, Lumbini, Nepal**

***April 13, 2024- April 22, 2024***

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**Name:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_**

Last name First name Middle initial

**Address for correspondence:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Phone: \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Country code Land Line Mobile**

**Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PASSPORT INFORMATION:**

Nationality: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Name as on passport: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Passport number**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Place of Issue: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Valid from**: \_\_\_\_\_\_\_\_\_\_\_\_\_**  to **\_\_\_\_\_\_\_\_\_\_\_\_\_**

**VISA INFORMATION:\***

Nepal Visa Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Valid from**: \_\_\_\_\_\_\_\_\_\_\_\_\_**  to **\_\_\_\_\_\_\_\_\_\_\_\_\_**

\*If you have not applied for your Nepal Visa, please do so as soon as possible.

**HOSPITALITY INFORMATION:**

English: Yes No Preferred language:

**DIETARY INFORMATION:**

Vegetarian Non Vegetarian Do you have any special dietary requirements, if yes, please specify

**SPECIAL ASSISTANCE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*Please indicate if you require any special assistance (e.g., wheelchair access)*

**EMERGENCY CONTACT:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 name phone number relationship

**TRAVEL AND MEDICAL INSURANCE:**

Please make sure that you have secured your individual Travel/Medical Insurance.

**IMMUNIZATION INFORMATION:**

Please see your doctor 6 weeks in advance for any vaccine you might require for travel to Nepal and discuss possibly bringing any antiviral medications in case they are needed.

There are mosquitoes; please ask your doctor to give you a prescription for medicine to prevent malaria. Another common illness one can get is diarrhea, so you should bring some electrolytes.

Please bring Iodine tablets and portable water filters to purify water when bottled water is not available. Also bring sunblock and sunglasses for protection from harmful effects of UV sun rays.

My signature on this form indicates my agreement with the policy stated above.

Participant Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Jewel Heart

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