

## Registration Form Jewel Heart Pilgrimage to Nepal Aug 18<sup>th</sup> – Aug 27<sup>th</sup>, 2025

Name:			
Last name	First name	Middle initial	
Address for correspondence:			
Phone:			
Country code	Land Line	Mobile	
Fax:	Email:		
PASSPORT INFORMATION:			
Nationality:	_ Name as on passport: _		
Passport number:	Place of	lssue:	
Valid from: to			
VISA INFORMATION:*			
Nepal Visa Number:	Valid from:	to	
*If you have not applied for you	ır Nepal Visa, please do so	as soon as possible.	
HOSPITALITY INFORMATION:			
English: Yes No	Preferred language:		

DIETARY INF	FORMATION:			
Vegetarian	Non Vegetarian	Do you have a	ny special dietary requireme	nts, if yes, please specify
SPECIAL ASS			<del>,</del>	
	Please II	ndicate if you requ	ire any special assistance	
<b>EMERGENCY</b>	CONTACT:			
		name	phone number	relationship
TRAVEL AND	) MEDICAL INSURA	NCE:		
Please make	sure that you have	secured your in	dividual Travel/Medical Insu	rance.
IMMUNIZAT	TION INFORMATION	N:		
-			ny vaccine you might require cations in case they are nee	•
	other common illne	•	give you a prescription for diarrhea, so you should brir	
_		•	ilters to purify water when b r protection from harmful ef	
My signature	e on this form indic	ates my agreeme	ent with the policy stated ab	ove.
Participant S	iignature			
Note: The tri	ip will only happen	if at least 8 parti	cipants sign up, if not we wil	ll cancel by July 1st.

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