

Registration Form
Jewel Heart Pilgrimage Trip to
Kathmandu, Nepal
January 11 to 20, 2027

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 Issue: _____

Valid from**:** _____ to _____

VISA INFORMATION:*

India Visa Number: _____ Valid from**:** _____ to _____

Nepal Visa Number: _____ Valid from**:** _____ to _____

*If you have not applied for your Nepalese Visas, 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

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 vaccines they might require for travel to Nepal.

There are mosquitoes in Nepal; 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. We will email more if required and please feel free to write back.

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

Authorized Signature Participant Signature

_____ _____

For Jewel Heart!

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