

REIKI CENTER OF GREATER ALEXANDRIA LLC

Healing Tours to John of God

Katherine South
6155 Castletown Way
Alexandria, VA 22310
703-924-3768
www.reikialexandria.com

Trip Application

This form must be completed, signed and returned to us as soon as possible to secure your space, even if you have mailed your deposit. If mailing your deposit along with application, \$500 per person is due now (\$300 non-refundable). If your application is less than 30 days prior to trip, include 100% of trip cost along with this form, or submit payment online via PayPal on the RCGA website Healing Tours page.

Dates of Proposed Tour: _____

Full name as it appears on passport: _____

Mailing Address (UPS & US): _____

City: _____ **State:** _____ **Zip:** _____ **Country:** _____

Home Phone: _____ **Cell Phone:** _____

Email: _____

Occupation: _____ **Marital Status:** _____ **Citizenship:** _____

Sex: _____ **Age:** _____ **Height:** _____ **Weight:** _____

Birth Date: _____ **Birth Place:** _____

Passport Number: _____ **Date of Issue:** _____ **Place of Issue:** _____

Medical Insurance Policy Number and Contact Phone Number: _____

I prefer a single room: _____

I prefer to room with (for discount of \$100): _____

List any dietary restrictions of preferences: _____

Arrival Times/Flights: _____

Departure Times/Flights: _____

In case of emergency please notify: _____

Email: _____ **Telephone:** _____

Signature: _____ **Date:** _____

Please complete this application and mail it to Katherine South, Reiki Center of Greater Alexandria, 6155 Castletown Way, Alexandria, VA 22310. If you miss the application deadline as stated in the Cover Letter PDF, please scan in this document and email to ksouth@reikialexandria.com.