



**Biuro Turystyczno Pielgrzymkowe FRATER Adam Zielinski**

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Wpis do Rejestru Organizatorów Turystyki Marszałka Woj. Kuj.-Pom. pod nr 16

Konto: BNP Paribas Bank Polska S.A. Nr. 24 1750 1051 0000 0000 1305 1011

**ENROLLMENT FORM - (1 form required for each participant - Please print clearly)**

Please reserve my place on the 13-day tour of POLAND departing 14 SEPTEMBER 2026

I will depart from: \_\_\_\_\_ (choose between Chicago, New York or Los Angeles )

Mr.  Mrs.  Ms.  Other: \_\_\_\_\_

Name as it appears on the passport: \_\_\_\_\_

Nationality: \_\_\_\_\_ Passport number: \_\_\_\_\_

Date of Issue: \_\_\_\_\_ Date of Expiration: \_\_\_\_\_ Place of issue/Issuing Authority: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth (city/state/country): \_\_\_\_\_ Mailing Address (Street):

\_\_\_\_\_ City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Zip / Postal Code: \_\_\_\_\_ Phone and Mobile: \_\_\_\_\_ e-mail: \_\_\_\_\_

I will share a room with: \_\_\_\_\_  I do not have a roommate / need one for this trip

I prefer a single room throughout. Single supplement for this tour is 650 extra, per person.

Preferred name for tags / badges / rooming list: \_\_\_\_\_ My food preference or allergies (Please list foods you cannot eat, if any) \_\_\_\_\_ I experience motion

sickness:  Yes  No --- Do I Smoke?  Yes  No (If yes, you must smoke outside.)

I take medication  Yes  No (If yes, take prescription along with required medicine)

Anything else (handicaps / difficulty in walking, etc.): \_\_\_\_\_

**FIT TO TRAVEL Statement:** Passengers registering for this tour accept the responsibility for being in good health and able to walk and travel on this tour. Many sites are not accessible to the physically challenged, those needing oxygen, wheelchairs or other ambulatory assistance will find the tour experience somewhat limiting. If you have any questions, please contact your tour host for additional details or information or if you have questions or concerns.

Emergency contact at home: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Signature of tour member: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTES AND MONEY MATTERS:**

Prices on brochures are based on current values of the US dollar as of November 15 -2025 and subject to adjustment in the event of drastic changes. Your Passport must be current and valid for at least SIX MONTHS beyond the return date of the tour to your home country. If your passport is awaiting renewal, inform the host when the application for passport was sent. Include a scan copy of your current passport. Mail the completed form with your DEPOSIT to your Tour Host as soon as possible. Keep a photocopy of this form and your check for your records. For Registration or information, call, text or see your Tour Host and Spiritual Leader

**KS. KRZYSZTOF KORCZ, ST. ANDREW BOBOLA SHRINE, 54 WEST MAIN STREET DUDLEY, MA 01571**

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