



APPLICATION
2010 PILGRIMAGE TO SOUTH AFRICA

The Tutu Institute for Prayer & Pilgrimage
118 N. Washington Street, Alexandria, VA USA 22314

*Please return the completed form with a non-refundable deposit of \$500.00 by Thursday, October 15, 2009.
Balance of \$5,000.00 due by Monday, November 30, 2009.*

Cancellation Policy:

- **DEPOSIT OF \$500.00 is NON-REFUNDABLE**
- *If a written cancellation request is received on or before Monday, December 7, 2009, then funds will be refunded as follows:*
 - \$2,500.00 payable by check or
 - \$2,425.00 returned to MasterCard/Visa, based on form of payment provided
 - After Monday, December 7, 2009, no funds will be refunded

(Make checks payable to The Tutu Institute for Prayer & Pilgrimage and write "South Africa Pilgrimage" in the memo line).

FULL NAME (as it appears on your passport):		
PREFERRED NAME:		DATE OF BIRTH:
ADDRESS:		
HOME #:	WORK #:	CELL #:
FAX #:	E-MAIL:	
PHYSICIAN'S NAME:		PHONE #:
EMERGENCY CONTACT:		
RELATIONSHIP:		PHONE #:
Please answer the following questions.		
1. Do you have any medical conditions (including allergies) or dietary restrictions that team leaders should be aware of? Please explain.		
2. Have you been on a previous pilgrimage or mission trip? If "yes" when and where?		
3. What experience/activity meant the most to you on that trip?		
4. Please state why you want to be a member of the 2010 Pilgrimage to South Africa: <i>(please feel free to use as much space as you need)</i>		
5. What would make this trip most meaningful for you?		
6. Do you have any special interests, gifts, or skills that may be useful on a trip like this (e.g. music, art, photography etc.)?		
7. Will you consider contributing to the cost of another participant's pilgrimage? If "yes" how much?		
8. Is there a person with whom you would prefer to share a room during the trip?		



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9. Any comments, questions or concerns?

10. Additional Space: