

Application Form

Casa Group Leader: Debbie Court

Journey Dates: _____

Name _____ Birth Date: ____/____/____

Address _____

City _____ State _____ Zip code _____

E-mail _____

Day Phone _____ Evening Phone _____

Passport Number _____ Country of Issue _____

DOB ____/____/____

Emergency contact _____ Phone _____

Special Requirements Advisory*

I have the following disabilities and will require the following special arrangements to be made for me during travel to, from and/or during my stay in Abadiânia (i.e., wheelchair, oxygen, special diet, etc.):

*Please note, that while Debbie Court and her agents will make every effort to ensure the ease and comfort of group members, a personal assistant (for whom an application form must also be completed) must accompany persons requiring frequent/constant care.

Medical Conditions*

I, hereby, state that the list below represents all medical conditions (physical, mental, spiritual, psychic and/or emotional) that I am being treated for by a medical doctor and/or other health care practitioner and/or professional at this time. I, hereby, state that the list below also includes all physical, mental and/or emotional challenges I am dealing with that have not been treated but for which I am concerned. (If more space is needed, attach an extra page.)

*I understand that if I am seriously ill I am required to send one (1) recent picture (frontal view) to be taken before the Entity for evaluation and permission to make the journey prior to joining a group. I understand and agree that Debbie Court is not responsible for any health conditions or ailments contracted prior to, during, after or as a result of this journey.

Medications

I, hereby, state that the list below represents all medications I am taking that have been prescribed by medical doctors and/or health care practitioners and/or professionals AND all medications that have been prescribed but I have chosen not to take.

Traveling with the Group

I understand and agree that if I arrive or depart at times which are different from the planned group arrival arrangements specified for the John of God Healing Journey with Debbie Court I am joining, I am entirely responsible for transportation costs for travel to and from the airport or bus station of my arrival and/or departure, to and from Abadiânia.

Extra Luggage

If I bring more than two pieces of luggage and one carry-on, I understand and agree to pay any extra expense for the transportation for same for the duration of this journey.

Travel Insurance

I agree to supply proof of travel, health, hospitalization and hospital transportation insurance for this John of God Journey with Debbie Court forty-five days before the date scheduled for the starting of this journey.

Travel and Health Documents

I understand and assume all responsibility for obtaining a valid passport (valid for at least 6 months after my journey dates). I will personally get information about, apply for, pay for and obtain all visas, inoculations, and other travel documents and requirements in compliance with the customs regulations of Brazil and my own country. I understand and agree that these costs are not included in the cost of the journey.

Fees

A US\$500.00 non-refundable reservation fee has been deposited into Debbie Court’s personal US bank account or paid through PAYPAL account.

I agree to pay the balance of my John of God Journey with Debbie Court forty-five days prior to the official starting date of the journey for which I originally signed up.

Cancellations and Re-scheduling by Debbie Court

I understand and agree that Debbie Court reserves the right to cancel or re-schedule journey schedules and substitute accommodations of a similar standard without refunding hotel charges or transportation penalties incurred.

Refunds

I understand and agree that five-hundred dollars (US\$500.00) of whatever deposits or payments I have made whether designated toward the reservation of space on this journey, paid as a deposit, as partial payment or as payment-in-full of the fees charged for the journey between the dates at the top of this Application Form is nonrefundable. However, I also understand and agree that, under certain circumstances, this amount may be applied to a future journey within a one-year period.

I understand and agree that the cancellation deadline for this journey is twenty days prior to the starting date of the journey designated on this form.) I also understand and agree that monies or fees, which I paid toward the tour, (except the US\$500.00 non-refundable reservation fee), will be refunded upon request if that request is received in writing 20 days or more prior to the scheduled original starting date of tour. Without this written request these monies and fees may not be fully refunded due to cancellation fees charged to Debbie Court as a result of last minute cancellations.

All fees will be returned (including reservation fee) if Debbie Court cancels the Journey. However, Debbie Court does not accept nor assume any responsibility for charges incurred for flight, loss of luggage, room accommodation or journey cancellation charges or any other loss whether financial or otherwise incurred by said cancellation.

I, hereby, affirm that I have read and fully understand all the information on this “Application Form”.

Signed: _____ Date: ___/ ___/ _____

I, hereby, declare all information and answers on this form accurate and true.

Signed: _____ Date: ___/ ___/ _____

Instructions:

1. Complete, sign and date the “Application” form. Then either FAX it to 805-646-5230 or email it to deb@guidetogod.com.

2. Bring the original application (completed and signed) to Brasillia, where you will give it to Deb Court.