



**The Blossoming of Human Consciousness
Jean Gebser, Francis of Assisi and You
Under The Tuscan Sun
September 20-30, 2024**

Name: _____ Date _____

Phone: _____ Email _____

Mailing Address: _____

Emergency Contact

Name: _____

Emergency Contact

Phone/E-mail: _____

Please indicate any medical alerts that might be important to the group leaders:

Dietary Restrictions:

Private and shared rooms are the same price. However, there are a LIMITED NUMBER of Private Rooms! If you must have a private room, please check the box below. They will be reserved on a first come basis.

MUST HAVE PRIVATE ROOM

Refund and Cancellation Policy:

All deposits (minus a \$200 administrative fee) are fully refundable up to February 28, 2024. Refunds for cancellation requests received after February 28, 2024, will be honored only if the space is filled by someone on the waitlist and is subject to a \$200 administration fee. All refund requests must be submitted in writing via email to: theguildtreasurer@gmail.com

I have read and fully understand the refund and cancellation policy.

Signature: _____ **Date:** _____

Responsibility and Safety Policy:

The safety and well-being of each participant is of utmost importance, and we have worked hard to ensure a safe and meaningful journey. However, risks are inherent and often unforeseeable in all travel activities. Therefore, in the spirit of community, please read and sign the following agreements.

1. I am aware that it is my responsibility to arrive in Florence on September 20, 2024.
2. I am aware that it is my responsibility to leave Florence on September 30, 2023.
3. I am aware that the terrain is hilly in places, and I take full responsibility for my decision to participate in activities.

Signature: _____ Date: _____

Unplanned or unexpected situations which may result in additional costs.

In the unlikely event that weather, road conditions, municipal strikes prevent a diversion from our planned activities, the group leaders will seek alternate accommodations. The cost of any added meals will be the responsibility of each participant and cannot be covered by the Pilgrimage cost noted above.

I understand that individual traveler’s insurance is highly recommended by the Pilgrimage Leaders.

I have read and fully understand the potential for additional cost responsibility.

Signature: _____ Date: _____

TOTAL PILGRIMAGE COST:

Payment by personal/cashier’s check or PayPal/credit card: **\$3,100.00**

Personal/cashier’s check payable to: **The Guild for Spiritual Guidance**

Check payments or credit card payments can be made in installments (see installment dates below)

Please mail registration form and liability waiver to the address below. Include your check if paying by check.

Payment by PayPal/credit card: after we receive your deposit, you will receive an email invoice for three additional payments according to the schedule below.

The Guild for Spiritual Guidance,
Attention: Surendra Shah, Treasurer
PO Box 168
Lincoln, MA. 01773

Pilgrimage Installment Schedule:

Total Pilgrimage Cost	\$3,100.00
Deposit required to register	\$925.00
Payment 1 due March 1, 2024	\$725.00
Payment 2 due May 25, 2024	\$725.00
Payment 3 due July 20, 2024	\$725.00



The Guild for Spiritual Guidance Program Participation Liability Waiver

The safety and well-being of each program participant is of utmost importance to the Guild for Spiritual Guidance planning team. Care is taken to ensure a safe and meaningful program.

However, risks are inherent in all activities and not everything can be foreseen. Therefore, in the spirit of community, please sign the following agreement:

With my signature, I acknowledge and agree that this Release and Waiver of liability releases the Guild for Spiritual Guidance and their program leaders from any and all personal injuries, temporary or permanent disability, death, and/or property damage sustained by me while engaged in Guild sponsored events. This includes programs that require travel to and from retreats and pilgrimage sites, as well as unforeseen additional travel costs that may arise due to weather or other unexpected events.

Printed

Name: _____

Signature _____ Date: _____