## **BOOKING FORM**

## **Contact Information**

Name		
Address		_ _
City, Postcode		
Daytime Telephone		
Evening Telephone		
Mobile		
Fax Number		
E-mail Address		
<b>Document Information</b> Passport Number		
Country Issued From		
Visa Necessary? Circle answer. Yes No Brazilian immigration requires that your passport beyond your expected departure date from Brazileaving. UK & EC passport holders do not require contact your nearest Brazilian consulate.  Journey Selection and Payment Plan I would like to enrol as a participant in the* *Cross out whichever is inapplicable *I enclose my postal order/cheque for £ by cheque *I have paid the deposit of £ by cheque *I agree to pay the balance of £ four defended in full with cheque/money order or consultation.	il, so be sure this is the or evisas for Brazil. If unsured the visas for Brazil.	case, before ure if you need a visa, Group. In full.
I understand the deposit is non-refundable.		
Postal orders and cheques should be made pay	able to Anita Fuller.	
Person to be Contacted in Case of Er Name	nergency	
Relationship		_
Address		_
City, /Postcode		_
Daytime Telephone		_

Evening Telephone		
Mobile		
Fax Number		
E-mail Address		
Disabilities and Travel Purpose I have the following disabilities and will re	quire certain allowances or special arrangements	to be made:
My reasons for wanting to visit the Casa of	de Dom Inacio are:	
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Please note that while the organizer will make every effort to ensure the ease and comfort of group members, a caretaker for whom an application form MUST be completed MUST accompany those requiring frequent and constant care and attention.

Please be assured that information given on these forms will be respected and held in the strictest confidence and will not be used for any other purpose.

All efforts are made by the organizer to ensure the medium Joao Texeira da Faria is present whilst the tour group is in Abadiania. However, the organizer, and the Casa de Dom Inacio will not incur responsibility in the event that Joao Texeira da Faria be unable to attend any of the scheduled Casa sessions.

I understand and accept that Anita Fuller will act solely as organizer, guide, spiritual support and help organising translations, for group participants in Brazil and accept no responsibility whatsoever of liability of any kind for loss or damage to property, financial loss, illness, harm, delay or difficulty to myself which may arise as a result of my travel to, from and within Brazil.

I enclosed the following documents:

- 1. Copy of doctor's certificate confirming my fitness to travel. (If appropriate.)
- 2. Copy of my valid travel insurance policy. (must be enclosed)
- 3. Deposit of £ / full payment of £
- 4. Signed and Completed Indemnity Form.

Please Mail to:

JOHN OF GOD-BRAZIL **Anita Fuller** No 5 North Brook Croft **Hill View Mount** Leeds LS7 4QX YORKS U.K.

Signed:	Date:	_ /	
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INDEMNITY FORM - Thankyou for choosing A All visitors to the Casa de Dom Inacio are required to s themselves for treatment.			
Consent A visit to the Casa de Dom Inacio, (herein after referred all provisions made herein. The participant acknowledge its employees, paid or voluntary, or Anita Fuller or here the participant's medical condition. Any treatment is un without pressure by the Centre, Anita Fuller or her age	jes that at no staff promise dertaken at	o time d e or imp	id the centre or any of ly a definite cure of
Indemnity The undersigned agrees to Indemnify the Centre, its st as well as Anita Fuller and her staff from any legal procedure and agrees that in presenting themselves for treatment without complaint or recourse.	eedings aris	sing fron	n treatment at the
The Centre and Anita Fuller is not responsible for any preaction, trauma, ailment or demise during the visit or of may experience at the power vortexes or sites or from kind, including private sessions at the Casa de Dom Inc	occurring aft any lecture,	erwards	that the participants
It is acknowledged that, whilst every due care is exercise and Anita Fuller and her staff, to ensure the comfort and their companions, the responsibility for any loss (includ loss) accident, misfortune, or deterioration of existing materials and the include the state of the undersigned.	d well being ing persona	of the υ I injury,	undersigned and death, and/or property
Insurance It is the personal responsibility of the participant to carr duration of their visit in respect to illness, injury, death,			
Inoculations The decision to vaccinate or inoculate is the sole respond responsible for any health conditions or ailments conto the Centre			
I accept the conditions of Indemnity as listed above.			
Name			
Address			
Address			
City,			
Postcode			
Country			
Signed:	_		
Date:/			
Witness:			