

PACKAGE NAME	GROUP TIME PEI	RIOD
Name:		
as appears on passport (First)	(Middle)	(Last)
Birth Day:// mm / dd / year	Gender: M F	
Nationality of Passport:	Passport Nur	mber
Mahram's name (if applicable):		
Address:		
City: Pro	ovince/State: Postal/Zip cod	de:
Home Phone:	Cell Phone:	
E-mail:		+
Emergency Contact Name	Emergency Conta	ct #
Nationality of Passport:		
Additional comments/concerns:		
held responsible if the Saudi Embass responsible to issue a refund for payr	y decides to make any sudden changes bed nents already made to service providers. V cierge service through TRAVEL GUARD for a	isa's for its clients. The Umrah Group cannot be cause of which the visa is not issued and is not We strongly recommend you purchase Travel an extra \$169.00 that will also guarantee you a
* Price may differ according to age an any commission from this extra purch	_	nore details. The Umrah Group does not receive
YES I would like to purchase a co	mplete concierge service for an additional	\$169.00 along with my deposit.
Signature	Date	
NO I decline to purchase a comp	lete concierge service for an additional \$10	69.00 along with my deposit.
Signature	Date	

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Terms & Conditions:

Signature				Date		
nave read and understood all the abov	e terms and conditio	ns and I agree and a	accept a	ll the terms an	d conditions m	entioned.
ote: If you have not madeyour deposi	t on theumrahgroup.	ca then it is require	d along	with this form	to confirm you	r reservation.
Methods of payment: Cash	Cheque	Credit Card		Debit 🗌	EMT	Online 🗌
AID AMOUNT : \$						
Nake cheques payable to: Gala 1	ravels / THEUMRA	HGROUP				
MT / Email Transfers to theumra	hgroup@gmail.co	m				
Any further information pl	ease contact us: 1	800 99 UMRAH	or ema	il: theumrah	ngroup@gma	il.com