



THE ANGELS OF LIFE INTERNATIONAL MINISTRY
Healing Tours to John of God

Dr. Kathleen L. Dixon
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Trip Application – February 4-February 18, 2017
June 17 – July 1, 2017
November 25-December 9, 2017

This form must be completed, signed and returned to us as soon as possible to secure your space, even if you have mailed your deposit. Your full payment of \$2000 (\$300 is non refundable is due now. Paypal is not available for this trip.

Dates of Proposed Tour: _____

Full name as it appears on passport: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Occupation: _____ Marital Status: _____

Citizenship: _____ Sex: _____ Age: _____ Height: _____ Weight: _____

Birth Date: _____ Birth Place: _____



Passport Number: _____ Date of Issue: _____

Country of Issue: _____

Medical Insurance Policy Number and Contact Phone Number:

Single room: ____ (Recommended unless married couple)

Share a room with: _____

List any dietary restrictions of preferences:

Arrival Flights Info: _____

Departure Flight Info: _____

In case of emergency please notify:

Email: _____

Telephone: _____

Signature: _____ Date: _____

Please complete this application and mail it to Dr. Kathleen L. Dixon Angels of Life International Ministry, 2110 Artesia Boulevard, No. 622, Redondo Beach, CA 90278 If you miss the application deadline as stated in the Tour Information Letter PDF, please scan in this completed document and email a legible PDF or JPG to angel@talktokathleen.com