

4570 W 77th St Ste 124 Minneapolis, MN 55435

WELCOME TO LPGM TRANSFORMATIONAL TRAVEL! TRAVEL REGISTRATION

This form is required to be completed and signed by you (or on behalf of your minor child) prior to traveling with LPGM.

Return the completed form and a scanned passport for each traveler as soon as possible upon receipt.

Traveler Information	
Country and Trip Dates (as you know them)	
Traveling Companions	
Full Name (as shown on passport)	Preferred Name (if different)
Passport Number	Place Issued
Date Issued	Date of Expiration
Date of Birth	Gender
Mailing Address	
City, State and Zip	
Primary Phone Number	Alternate Phone Number
Email Address	I have attached a copy of my passport
Congregation (if applicable)	Congregation City & State