

**Guides for John of God – Journey to the Casa de Dom Inacio “Application Form”**

Official Casa Group Leaders: Markus and Amy Koch

Instructions: Fill out, scan, and email this form to [amyspirit@gmail.com](mailto:amyspirit@gmail.com) and send original signed form to:  
Amy Koch

21390 Waterloo Road  
Chelsea, MI 48118

Journey Dates: \_\_\_\_\_

Name \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

E-mail \_\_\_\_\_

Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Passport Number \_\_\_\_\_ Country of Issue \_\_\_\_\_

Emergency contact and phone \_\_\_\_\_

Special Requirements Advisory\* I will require the following special arrangements to be made for me during my stay in Abadiania (i.e., wheelchair, oxygen, special diet, etc.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*Please note, that while Markus and Amy Koch and their agents will make every effort to ensure the ease and comfort of group members, a personal assistant (for whom an application form must also be completed) must accompany persons requiring frequent/constant care.

Medical Conditions\* I, hereby, state that the list below represents all conditions (physical, mental, spiritual, psychic and/or emotional) that I am being treated for by a medical doctor and/or other health care practitioner and/or professional at this time. I, hereby, state that the list below also includes all physical, mental and/ or emotional challenges I am dealing with that have not been treated but for which I am concerned. (If more space is needed, attach an extra page.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*I understand that if I am seriously ill I am required to send one (1) recent picture (frontal view) to be taken before the Entity for evaluation and permission to make the journey prior to joining a group. I understand and agree that Markus and Amy Koch are not responsible for any health conditions or ailments contracted prior to, during, after or as a result of this journey.

\*Medications I, hereby, state that the list below represents all medications I am taking that have been prescribed by medical doctors and/or health care practitioners and/or professionals.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Traveling with the Group: I understand and agree that if I arrive or depart on dates, which are different from the planned group arrival/departure dates, arrangements specified for this journey to the Casa with Markus and Amy Koch, I am entirely responsible for transportation costs for travel to and from the airport or bus station of my arrival and/or departure, to and from Abadiania. (We will arrange the service on your behalf.)

Extra Luggage: If I bring more than two pieces of luggage and one carry-on, I understand and agree to pay any extra expense for the transportation for the same for the duration of this journey.

Travel Insurance: I agree to supply proof of travel, health, hospitalization and hospital transportation insurance for this journey to Abadiania, GO, Brazil at least thirty days before the date scheduled for the starting of this journey.

Travel and Health Documents: I understand and assume all responsibility for obtaining a valid passport (valid for at least 6 months after my journey dates). I will personally get information about, apply for, pay for and obtain all visas, inoculations, and other travel documents and requirements in compliance with the customs regulations of Brazil and my own country. I understand and agree that these costs are not included in the cost of the journey.

Fees: A \$500.00 USD non-refundable reservation fee has been paid to [www.Paypal.com](http://www.Paypal.com) account: [whitecranetherapeutics@gmail.com](mailto:whitecranetherapeutics@gmail.com) or has been mailed in a check or money order to: Amy Koch, 21390 Waterloo Road, Chelsea, MI 48118. I agree to pay the balance of my John of God Journey in USD, with Markus and/or Amy Koch, at least forty-five days prior to the official starting date of the journey for which I originally signed up. I understand that airfare is not covered in the fee for the journey to Brazil.

Cancellations and Re-scheduling by Markus and Amy Koch: I understand and agree that Markus and Amy Koch reserve the right to cancel or re-schedule journey schedules and substitute accommodations of a similar standard without refunding hotel charges or transportation penalties incurred. I understand that John of God is expected to be present at the Casa at the time of the journey, but no promises are made of his attendance. In the event of John of God's absence, the journey will proceed to the Casa for participation.

Refunds: I understand and agree that five-hundred dollars (\$500.00 USD) of whatever deposits or payments I have made whether designated toward the reservation of space on this journey, paid as a deposit, as partial payment or as payment-in-full of the fees charged for the journey between the dates at the top of this application form is non-refundable. However, I also understand and agree that, under certain circumstances, this amount may be applied to a future journey within a one-year period. I understand and agree that the cancellation deadline for this journey is twenty days prior to the starting date of the journey designated on this form. I also understand and agree that monies or fees, which I paid toward the tour, (except the \$500.00 USD non-refundable reservation fee), will be refunded upon request if that request is received in writing 30 days or more prior to the scheduled original starting date of tour. Without this written request these monies and fees may not be fully refunded due to services rendered in preparation for the journey and cancellation fees charged to Markus and Amy Koch as a result of late cancellations. All fees will be returned (including reservation fee) if Markus and Amy Koch cancel the journey. However, Markus and Amy Koch do not accept nor assume any responsibility for charges incurred for flight, loss of luggage, room accommodation or journey cancellation charges or any other loss whether financial or otherwise incurred by said cancellation.

I, hereby, affirm that I have read and fully understand all the information on this "Application Form".  
I, hereby, declare all information and answers on this form accurate and true.

Signed: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_