

Pastors and Spouses Holy Land Familiarization Tour

February 22 to March 2, 2012
Hosted by Madeleine Cohen
Registration Form

PLEASE TYPE OR PRINT YOUR NAME AS IT APPEARS ON YOUR PASSPORT:

CHURCH NAME: _____ **TOTAL MEMBERSHIP:** _____

TITLE: _____ **LAST NAME:** _____ **FIRST:** _____

NAME AS YOU WOULD LIKE IT TO APPEAR ON NAME TAG: (SUE, BOB, BILL): _____

PASSPORT NUMBER: _____ **COUNTRY:** _____ **EXPIRATION DATE:** _____ **DOB:** _____

MR. MRS. MS. LAST NAME: _____ **FIRST:** _____

NAME AS YOU WOULD LIKE IT TO APPEAR ON NAME TAG: (SUE, BOB, BILL): _____

***PASSPORT NUMBER:** _____ **COUNTRY:** _____ **EXPIRATION DATE:** _____ **DOB:** _____

SPECIAL REQUESTS (FLIGHTS:MEALS,SEATING): _____

*We require a copy of your Passport I.D. Page with the Registration Form. If applying for a new Passport, please send a copy of the application followed by a copy of the Passport once received.

PHONE-HOME: _____ **WORK:** _____ **FAX:** _____ **CELL:** _____

E-MAIL ADDRESS: _____

STREET/MAILING ADDRESS (NOT P.O. BOX): _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____ **ROOMING WITH (IF NOT LISTED ABOVE):** _____

AGE (FOR ROOMING PURPOSE): 30-39 40-49 50 & UP **SPECIAL REQUESTS: (MEALS, SEATING, ETC.):** _____

SKY TEAM FREQUENT FLYER NUMBER (PLEASE WRITE: FIRST NAME / NUMBER) _____

A \$350.00 DEPOSIT & A COPY OF YOUR ORDINATION CERTIFICATE ARE REQUIRED TO HOLD YOUR RESERVATION

DESCRIPTION	RATE PER PERSON	NUMBER OF PEOPLE	TOTAL PRICE
PASTOR RATE PER PERSON BASED ON DOUBLE OCCUPANCY (MIN 2 PEOPLE IN A ROOM): TOUR INCLUDES: ROUND-TRIP AIR VIA DELTA AIR LINES FROM NEW YORK JFK, HOTEL ACCOMMODATIONS, BREAKFAST & DINNER DAILY, SIGHTSEEING & ENTRANCE FEES, TRANSPORTATION BY DELUXE MOTORCOACH, AND HOTEL TAXES	\$1,099.00		\$
SPOUSE RATE	\$1,299.00		\$
AIRLINE TAXES AND FUEL SURCHARGE FROM NEW YORK JFK	\$595.95		\$
TIPS FOR GUIDE DRIVER AND HOTEL STAFF	\$120.00		\$
SINGLE SUPPLEMENT – <u>YOUR OWN PRIVATE ROOM</u> (subject to availability and cannot be guaranteed). Would you like to share a room with another (same gender) participant for double occupancy? (Please specify which you prefer) <input type="checkbox"/> YES, I WILL SHARE A ROOM <input type="checkbox"/> NO, I WANT A PRIVATE ROOM. I WILL PAY THE SINGLE SUPPLEMENT COST OF \$475.00	\$475.00		\$
ADD-ON ROUNDTRIP DOMESTIC AIR TO GROUP TICKET VIA DELTA AIR LINES (ADDITIONAL CHARGE APPLIES) I REQUEST ADD-ON AIR FROM: _____ I WILL PAY, AT MOST, \$ _____ FOR THE DOMESTIC ADD-ON (TAX NOT INCLUDED)	\$		\$
SUBTOTAL	\$		\$
CREDIT CARD PAYMENT ADD 5% OF SUBTOTAL	\$		\$
LESS \$350.00 DEPOSIT DUE PER PERSON	\$350.00		\$
BALANCE DUE LESS DEPOSIT BY NOVEMBER 23, 2011	\$		\$

Emergency Contact: The government requires that air carriers be given the full name of all passengers traveling on flights arriving and departing the United States. We must also provide each passenger the opportunity to designate an emergency contact name and phone number of a person not traveling on the flight(s). To enhance Customer Service and reduce airport check in times, we request this information at this time.

Contact Name: _____ Relationship: _____ Phone: _____

REGISTRANT SIGNATURE: _____ DATE: _____
PLEASE NOTE! YOUR SIGNATURE IS ALSO REQUIRED ON THE "TERMS AND CONDITIONS" SHEET OF THE REGISTRATION FORM

