TLC Holyland Tours, LLC
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Knoxville. TN 37914

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TOUR REGISTRATION

South Carolina Pastor's FAM TOUR, 10 days in Israel with Tony Crisp
January 14 - 23, 2020

Base Price * $ 1,799

* based on double occupancy, twin bedded room, estimated International round-trip air from a US International Departure Point**.

Estimated airport departure tax/fuel surcharges of $701 **are not included/subject to change up to time of ticketing/will be billed before departure.

$200 Trip Tips are being sponsored by TLC Holyland Tours and its partners
Single Supplement if rooming alone add $ 350

Please complete all blanks below (PRINT) *SOUTH CAROLINA PASTORS FAM TOUR* *JANUARY 14-23, 2020*

Israeli law requires passport to be valid a minimum of six months after the date you return.

❒ I have applied for a passport ❒ I have applied for renewal If your passport meets the above criteria, **expiration date:** _____
00 MONTH 0000

Name as listed on passport _____ **Gender (circle)** Male Female

Official Title / Church Role _____ **Name for nametag:** _____ **Passport #** _____
required

Nationality_____ **Country of Issue**_____ **Occupation** _____ **Date of Birth** _____
00 MONTH 0000

Email address _____ **Cell** _____

Home address:_____
Street or P.O. Box **City** **State** **Zip**

Church _____ **Staff member? Yes No**
Church name Mailing Address City ST Zip

I want to room alone. ❒ Please pair me with a roommate. ❒ If no roommate is available, I understand I owe the Single Supplement ❒

Roommates' name _____ **Relation** _____ **Cell**_____

❒ ***I understand this opportunity comes with the expectation that I will commit/do my very best, to schedule, book and take a group to Israel within 18 months through TLC Holyland Tours, within 18 months of returning to the USA from Israel. If you take 20 or more passengers, the FAM tour cost of $2,500 will be credited to your tour price!!***

I understand: ❒ Israel requires my passport be valid for at least six months after the last day of the tour.
❒ A scanned health insurance card (front & back) and Passport must be sent to TLC Holyland Tours by **final payment due date of OCT 11, 2019**
❒ I have read the terms and conditions ON PAGE 4 OF THE TOUR BROCHURE and agree to them.

EMERGENCY INFORMATION

Emergency contact_____ **Relation** _____ **Phone**_____

US Physician _____ **Office Number** _____

Insurance Company _____ **Group No.**_____ **ID No.**_____

Use reverse if necessary for:
Food/Drug Allergies _____

Current Medications_____

Date:_____ **Passenger Signature:**_____

Office use only: PP_____ CK#_____ ON_____ PKT 1 _____ REG_____ MED _____ PPT _____ INS _____