



TOUR REGISTRATION

THE STEPS OF PAUL TOUR with DR. TONY CRISP
November 11-21, 2019

Tour Price per passenger is * \$5,995

* based on double occupancy, twin bedded room. Airfare from Chicago (ORD).

Single Supplement if rooming alone a+\$1,330

If we cannot provide a roommate, the Single Supplement will be due with final billing.

Registration is complete upon payment of full balance due. No seats are held without full payment. | **Balance is due in full by August 8th, 2019**
\$175 non-refundable for any reason. Additional cancellation penalties apply. See brochure page 4 for all Terms & Conditions.

TEAR OFF: Passenger keep upper portion for reference

Please complete all blanks below

STEPS OF PAUL November 11-21, 2019

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

Title: Dr. Mr. Mrs. Ms. Miss Pastor Rev. First name you are called _____ Date of Birth _____
00 MONTH 0000

I have applied for a passport I have applied for renewal If current: Expiration Date _____
00 MONTH 0000

Occupation _____ Country of Issue _____ Passport Number _____

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

Email address _____ Cell _____ Home _____

Please pair me with a roommate if possible. I understand if no roommate is available, I must pay the Single Supplement

Roommates' name _____ Relation _____ Cell _____

- I understand Israel requires my passport be valid for at least six months after the last day of the tour.
- I will email a scanned passport image to TLC Holyland Tours **August 8th, 2019**
- I understand if my balance is not paid in full by the due date my reservation may be cancelled without notice.

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 _____

I have read the terms and conditions and agree to them. I am paying the Single Supplement I am submitting a deposit of \$500

Date: _____ Passenger Signature: _____

Office use only: PP _____ CK# _____ ON _____ PKT 1 _____ REG _____ MED _____ PPT _____ INS _____