



TOUR REGISTRATION

Tour Israel 11 Days with Pastor Don Carter, Baptist Temple of Alamance 2020  
February 12 - 22, 2020

Registration is complete upon payment of \$500 deposit. | Balance is due in full before November 09, 2019 - \$175 non-refundable for any reason.  
Additional cancellation penalties apply. See brochure page 4 for all Terms & Conditions.

Base Price of Tour\* \$3,952 (includes lunches on set menu)  
+ Trip Tips of \$ 250  
+ Airline departure tax/fuel surcharge \$ 773

For a total of \$4,975 per person \* based on double occupancy, twin bedded room. Round trip air from Charlotte.  
If we cannot provide a roommate, the Single Supplement will be due.  
Single Supplement if rooming alone add 800.00

TEAR OFF: Passenger keep upper portion for reference

Please complete all blanks below (PRINT )

Baptist Temple of Alamance – Feb 12-22, 2020

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 acknowledge that a scanned passport image must be received at TLC Holyland Tours BEFORE Nov. 09, 2019
- I understand if my balance is not paid in full by the due date my reservation may be cancelled without notice.
- I understand the purchase of Trip Insurance is required by TLC Holyland Tours (from a provider of my choice) and a copy of the Declarations Page or Proof of Purchase must be sent by Jan. 12, 2019.

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 \_\_\_\_\_