



TOUR REGISTRATION

**Tour Israel 10 Days with Pastor Keith Vaughan, Valley Grove Baptist Church, Knoxville, TN
January 28 – February 6, 2020**

Registration is complete upon payment of \$500 deposit. | Balance is **due in full before October 24, 2019** - \$175 non-refundable for any reason.
Additional cancellation penalties apply. See brochure page 4 for all Terms & Conditions.

Base Price of Tour* \$2,755
+ Trip Tips of \$ 200
+ Airline departure tax/fuel surcharge \$ 689

For a total of \$3,645 per person * based on double occupancy, twin bedded room. Round trip air from New York .
If we cannot provide a roommate, the Single Supplement will be due.
Single Supplement if rooming alone add 594.00

TEAR OFF: Passenger keep upper portion for reference

Please complete all blanks below (PRINT

VAUGHAN, VALLEY GROVE - Jan 28 – Feb 6, 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 Oct. 24, 2019
- I understand Trip Insurance is required and proof of coverage must be sent to TLC Holyland Tours 30 days before departure – provider of coverage is my choice.
- I understand I am responsible for travel arrangements to JFK and my flight schedule must be sent to TLC Holyland 30 days before departure.
- 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 _____ TRIP Ins _____ Flight Schedule _____