

11 DAY PILGRIMAGE TO THE HOLY LAND

REGISTRATION FORM

Tour # IAH-0425/11D

Passenger #1:

Clearly print your full name as it appears on your passport

Last Name: _____

Middle Name: _____

First Name: _____

Birth Date ____/____/____ (MM/DD/YYYY)

Sex: M F Country of Citizenship _____

Address _____

City _____ State _____ Zip _____

Email _____

I consent to receive promotional emails about your services

Home Phone (____) _____

Cell Phone (____) _____

Passport # _____

Expiration Date ____/____/____ (MM/DD/YYYY)

(Must be valid for 6 months post return)

Emergency Contact: _____ Relation: _____ Phone: _____

Accommodation Desired:

Double room sharing with _____
(n/a if requesting random assignment)

FIRST DEPOSIT (DUE NOW): \$500.00

- Check Discount/Check Price: \$3499 per traveler
 Credit Card Full/Credit Card Price: \$3639 per traveler
 Travel Insurance: \$187 per traveler

MAKE CHECK PAYABLE TO:

HOLY LAND TRAVEL CENTER

MAIL TO: Holy Land Travel Center
2800 San Mateo Blvd NE Suite 108
Albuquerque, NM 87110

Passenger #2:

Clearly print your full name as it appears on your passport

Last Name: _____

Middle Name: _____

First Name: _____

Birth Date ____/____/____ (MM/DD/YYYY)

Sex: M F Country of Citizenship _____

Address _____

City _____ State _____ Zip _____

Email _____

I consent to receive promotional emails about your services

Home Phone (____) _____

Cell Phone (____) _____

Passport # _____

Expiration Date ____/____/____ (MM/DD/YYYY)

(Must be valid for 6 months post return)

Emergency Contact: _____ Relation: _____ Phone: _____

Single room (\$600 extra per person)

Card holder's name: _____

Card No: _____

Exp. Date: ____/____

Security Code on card: _____

Amount: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Use as default for future payments for this trip

This registration form serves as your acceptance of the policies, terms and conditions as outlined in this brochure. I acknowledge that airline tickets are non-refundable, non-transferable, and are subject to airline cancellation fees and policies. No registrations will be accepted without signed acknowledgement. **For Pre-Existing Medical Conditions Exclusion Waiver, insurance plan must be purchased within 15 days of Initial Trip Payment.**

Signature

Passenger 1: _____ Passenger 2: _____

PLEASE INCLUDE A CLEAR PHOTOCOPY OF YOUR PASSPORT WITH THIS REGISTRATION FORM