

TOUR REGISTRATION FORM

Strengthening Your Faith Tour of the Holy Land

With Pastor Tim Shrader
March 12 - 21, 2012

Please complete this form individually and mail back with your Initial Deposit

NAME (MR/MRS/MS) _____
(Legal name as appears in your passport) Please print

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PASSPORT NUMBER: _____ D.O.B: _____
(If you are waiting for your Passport, please state "pending")

ISSUE DATE: _____ EXPIRATION DATE: _____ CITIZENSHIP: _____

MY ROOMMATE'S NAME IS: _____

HOME PHONE: _____ WORK PHONE: _____ CELL PHONE: _____

EMERGENCY NAME & PHONE NUMBER WHILE I AM ON TOUR: _____

MY NAME TAG SHOULD READ _____

E-MAIL ADDRESS: _____

- Enclosed is my Initial Deposit of: (\$200.00) per person _____ Persons _____
(Due on or before August 1, 2011)

- I want a single room accommodation for additional \$496.00: Yes ___ No ___

All payments by check or Money Order only

I have read the Tour Conditions section of this brochure and understand the cancellation policy. I understand that the Initial Deposit of \$200.00 per person, (Due August 1, 2011), and the Second Deposit of \$200.00, (Due October 1, 2011), are non-refundable. Final payment is due January 10, 2012. Cancellations after January 10, 2012 become non-refundable and can only be recovered through travel insurance. I also understand that I am responsible for adequate personal and medical insurance. I wish to confirm that I received a travel insurance pamphlet. Please note that Heavenly International Tours will be unable to process your reservation for the tour without your Initial Deposit of \$200.00 per person and your signature on this form.

SIGNED: _____ DATE: _____

Make checks payable to: HEAVENLY INTERNATIONAL TOURS

Mail this form with your initial deposit to:

Pastor Tim Shrader
608 N Van Buren Street
Litchfield, IL

(217) 313-0673

E Mail: pastortim.fbcl@gmail.com