

TOUR REGISTRATION FORM

**Mount Carmel Ministries presents
Growing Together With Christ in the Word in the Holy Land
With Pastor Johan & Sonja Hinderlie
November 5 - 14, 2007**

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 non-refundable Initial Deposit of \$200.00 per person _____
(Due on or before April 1, 2007)

• I want a single room accommodation for additional \$445.00: Yes ___ No ___

All payments by check or Money Order only

I have read the Tour Conditions section of the brochure and understand the cancellation policy. I understand that the Initial Deposit of \$200.00 per person and the Second Deposit of \$200.00 are non-refundable. Final payment is due September 10, 2007. Cancellations after September 10, 2007 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 proceed with your reservation for the tour without your Initial Deposit and signature on this form.

SIGNED: _____ DATE: _____

Make checks payable to: MOUNT CARMEL MINISTRIES

Mail this form with your initial deposit to:

**Mount Carmel Ministries
PO Box 579
800 Mount Carmel Drive NE
Alexandria, MN 56308**

E-mail: info@MountCarmelMinistries.com