

TOUR REGISTRATION FORM

Hampton Cove Church of Christ Presents: Journey back to the beginning of Christianity by touring the Holy Land November 3 - 13, 2008

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 _____ Persons _____
(Due upon reservation and no later than April 1, 2008)

• I want a single room accommodation for additional \$475.00: 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 and Second Deposit of \$300.00, (due June 1, 2008), are non-refundable. Final payment is due September 10, 2008. Cancellations after September 10, 2008 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:

Heavenly International Tours
3900 W. Brown Deer Road
Suite A-134
Milwaukee, WI 53209

(800) 322-8622