



TOUR REGISTRATION

10 DAY TOUR with Pastor Neil Silverberg, Trinity Community Church, Knoxville, TN
February 10 - 19, 2020

Registration is complete upon payment of \$500 deposit. | Balance is due in full before November 8, 2019 - \$175 non-refundable for any reason.
Additional cancellation penalties apply. See brochure page 4 for all Terms & Conditions.

Base Price of Tour* \$3,665
+ Trip Tips of \$ 200
+ Estimated Airline departure tax/fuel surcharge \$ 710
For a total of \$4,575 per person * based on double occupancy, twin bedded room. Round trip air from TYS.
Single Supplement if rooming alone add 555.00 . If we cannot provide a roommate, the Single Supplement will be due.

TEAR OFF: Passenger keep upper portion for reference

Please complete all blanks below (PRINT) Pastor Neil Silverberg: TRINITY COMMUNITY CHURCH February 10-19, 2020

Israeli law requires passport to be valid a minimum of six months after the date you return.

I have applied for a passport I have applied for renewal If your passport meets the above criteria, expiration date: _____
00 MONTH 0000

Name as listed on passport _____ Gender (circle) Male Female

Title: Dr. Mr. Mrs. Ms. Miss Pastor Rev. Name for nametag: _____ Passport Number _____

Nationality _____ Country of Issue _____ Occupation _____ Date of Birth _____
00 MONTH 0000

Email address _____ Cell _____

Mailing address: _____
Street or P.O. Box City State Zip

I want to room alone. Please pair me with a roommate. If no roommate is available, I understand I owe 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.
 A scanned health insurance card (front & back) and Passport must be sent to TLC Holyland Tours by final payment due date of NOV 08, 2019
 I have read the terms and conditions ON PAGE 4 OF THE TOUR BROCHURE and agree to them.

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 _____

Date: _____ Passenger Signature: _____

Office use only: PP _____ CK# _____ ON _____ PKT 1 _____ REG _____ MED _____ PPT _____ INS _____