



TOUR NAME and HOST: _____

TOUR DATE: _____

*Airfare & Airport Tax & Fuel surcharges estimated **Based on double occupancy, double bedded room, round trip air, domestic included

CHECK TOUR'S WEB PAGE FOR:

Base Price

Trip Tips to be added

Airport Departure Tax and Fuel Surcharge est. to be added

**TOTAL PACKAGE ESTIMATE

Balance Due Date

Single Supplement Fee

Name as on Passport _____ You go by: _____
Surname First Middle/Maiden (for nametag)

Email _____ Preferred Phone: (_____) _____ - _____

Mailing address _____

City State Zip

Occupation _____ Gender (circle) Male Female

I prefer to room alone and will pay the supplement. I need a roommate.

I have a roommate, whose name is _____

Relation _____ Roommate's Cell (_____) _____ - _____

Church _____
(If not Tour Host's church)

If a medical condition requires specific seating on flight, a doctor's letter is required by the airline.
Have letter sent right away to TLC address above.

IS SPECIAL MEAL NEEDED ON FLIGHT? LIST IT NOW: _____

\$500 Deposit required with registration. \$175 nonrefundable for any reason – see Terms & Conditions, brochure page 4. Signature indicates you have read & agree to terms and conditions.

Signature: _____ Date: _____

**MEDICAL INFO IS REQUIRED (Download from Web)
AND MAY BE SENT AFTER REGISTERING FOR TOUR.
MUST BE SENT before Balance due in full date.**

PASSPORT INFORMATION

- I have applied for a passport.
- I have applied for a renewal.
- My passport is valid for a minimum of 6 months after return from Israel.

Expiration _____
MONTH DAY YEAR

Date of Birth _____
MONTH DAY YEAR

Passport # _____

Country of Issue _____

Nationality _____

If Applicable:

Global Entry # _____

TSA Precheck # _____

Mileage Program # _____