



# TLC WINTER STUDY TOUR with Living Water Baptist Church Feb. 21 – Mar. 02, 2023

Tour Base Cost\* \$ 3660

Trip Tips + \$ 300

Est. Airline departure tax/fuel surcharge+ \$ 700

\*Per person: Double occupancy, twin bedded room, round trip air as indicated in brochure, Round Trip air from Charleston

**Package: \$ 4,660**

**Single Supplement + 700**

\$500 Deposit required with registration | \$175 non-refundable

**Balance and all documents\*\* due before November 10, 2022**

Email \_\_\_\_\_ Name (for nametag) : \_\_\_\_\_  
First Last

Name on passport (if unexpired) \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_  
Surname First Middle/Initial/Maiden

Mailing address \_\_\_\_\_  
Street City State Zip

Occupation \_\_\_\_\_ Gender (circle) Male Female

Global Entry # \_\_\_\_\_

TSA Precheck # \_\_\_\_\_ Mileage # \_\_\_\_\_

I want to room alone \_\_\_\_\_ If available, please assign a roommate with me \_\_\_\_\_

Roommate \_\_\_\_\_

Relation \_\_\_\_\_ Roommate's Cell (\_\_\_\_) \_\_\_\_ - \_\_\_\_

I understand if no roommate can be assigned I am responsible for the Single Supplement

Israeli law requires passport is valid 6 months after the date scheduled to depart Tel Aviv.

\_\_\_\_ Renewing \_\_\_\_ Applying

**IF UNEXPIRED:**

Date of Birth \_\_\_\_\_  
Mo Day Year

Passport # \_\_\_\_\_

**Expiration** \_\_\_\_\_  
Mo Day Year

Country of Issue \_\_\_\_\_

If in-flight special meal required, indicate now: KOSHER VEG GLUTEN-FREE LACTOSE-FREE Other: \_\_\_\_\_

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

I have read the terms and conditions Brochure pg 4, and agree. Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**Emergency Information REQUIRED or complete the separate Medical Emergency Page (download)**

US Emergency contact \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_

US Physician \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Company \_\_\_\_\_ Group No. \_\_\_\_\_ ID No. \_\_\_\_\_

Medications and dosage: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Food/Drug Allergies \_\_\_\_\_

Medical Conditions/Surgeries \_\_\_\_\_

Office use only: PP \_\_\_\_\_ CK# \_\_\_\_\_ date \_\_\_\_\_ PKT 1 \_\_\_\_\_ REG \_\_\_\_\_ EMER \_\_\_\_\_ PPT \_\_\_\_\_ INS \_\_\_\_\_ Trip Ins \_\_\_\_\_ Flight Sch \_\_\_\_\_