Israel Tour 2019 Registration Form

Passenger 1 Legal Name (First, Middle, Last): _____
Passenger 1 Home Address: _____
Passenger 1 City, State and Zip: _____
Passenger 1 Cell Phone: _____ Work Phone: _____
Passenger 1 E-mail address: _____
Passenger 1 Birthdate: _____
Passenger 1 Passport Number: _____
Passenger 1 Passport Issue Date: _____ Expiration Date: _____

Passenger 2 Legal Name (First, Middle, Last): _____
Passenger 2 Home Address: _____
Passenger 2 City, State and Zip: _____
Passenger 2 Cell Phone: _____ Work Phone: _____
Passenger 2 E-mail address: _____
Passenger 2 Birthdate: _____
Passenger 2 Passport Number: _____
Passenger 2 Passport Issue Date: _____ Expiration Date: _____

Encounter Church and Hope Experience Tours assume no responsibility for any injuries, damages, losses, accidents, delays, schedule changes or irregularity resulting from circumstances beyond the control of Encounter Church and Hope Experience Tours towards any person or for any reason but not limited to default or omission of any private commercial carrier or third party providing services or facilities connected with this tour or any part thereof. Walks to and from the site locations from the bus, getting on and off the bus, climbing stairs, and walking on uneven surfaces are part of the physical requirements of this trip. Please notify us upon submission of application if you have any physical conditions that might affect you on this trip.

I (we) agree to the pricing, terms and conditions set forth in this application.

_____ _____
First Applicant Signature Date

_____ _____
Second Applicant Signature Date

_____ _____ _____
Credit Card Number (Visa, MasterCard or American Express) Exp. Date CVV (3 digit) code

_____
Name exactly as it appears on the card