

PASSENGER REGISTRATION/APPLICATION

**Berean Youth Tour to Israel with Revealing Journey Ministries March 2-11, 2024**

**Tour Cost: \$4355.00**

Please fill out this form as completely as possible and return it to your tour host or Ed Hill Tours along with your deposit. Please *PRINT or TYPE* all answers. Non-USA Citizens may need a VISA to travel to another country. It is the responsibility of the passenger to obtain the necessary documents required to travel. If you do not have a valid passport, please apply at once. It can take over 3 months to get a passport. Your legal name is the one that is or will be on your passport. Your passport must be valid through SEPT.11 2024 (SIX MONTHS BEYOND the return date of this tour). No medical shots are necessary. Please send a copy of the inside cover of your passport with photo

PLEASE PRINT LEGIBLY OT TYPE

1. Your Legal Name as it is written on your passport. Passport name and airline ticket name must match exactly.

The Passenger will be responsible for applicable airline fees to change or correct a name within 45 days of departure.

LAST: \_\_\_\_\_ FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_ Male: \_\_\_ Female: \_\_\_

2. Your Name as You *PREFER* it ON Your Tour Badge: (please print-this name does NOT have to match your passport)

\_\_\_\_\_

Address: \_\_\_\_\_ E-Mail: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Married: \_\_\_ Single: \_\_\_

Phone: Work: (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_ Other: (\_\_\_\_) \_\_\_\_\_

Occupation: \_\_\_\_\_ Citizen of What Country? \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Passport Number: \_\_\_\_\_

Date of Issue: \_\_\_\_\_ Date of Expiration: \_\_\_\_\_ TSA / Known Traveler #: \_\_\_\_\_

AIRLINE Frequent Flyer # \_\_\_\_\_ Please circle the applicable airline: AA UA BA ELAL

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Name of Roommate: (if known) \_\_\_\_\_ (we cannot guarantee you a roommate)

Do You Request a Single Room) at an Additional Cost? (Rooming alone with no assigned roommate) \$950.00. Yes \_\_\_ No \_\_\_

Do You Need Physical Assistance in Any Way? \_\_\_\_\_ Please Specify: \_\_\_\_\_

Person to Contact in Case of Emergency: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

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**Payment Schedule:** Enclosed with application; \$500.00 p/person JUNE 29 \$1000.00 AUG. 29 \$1000. p/p NOV. 29: \$1000 p/p

Final payment/balance due on or before: JANUARY 22, 2024. Payments received after JAN. 10, 2024 will be assessed a late fee of \$100.00. Additional payments may be made at any time. A 4% service fee will be added to any amount charged on a credit or debit card.

PARENT SIGNATURE: (required for enrollment) \_\_\_\_\_ Date: \_\_\_\_\_

TRAVELER SIGNATURE: (required for enrollment) \_\_\_\_\_ Date: \_\_\_\_\_

***Enrollment in this group tour constitutes your financial commitment and acceptance of the tour conditions/responsibilities. For your reference, please keep a copy of this form.***

The tour host and/or the tour company is not responsible for any mishaps with any suppliers or schedule changes that may incur additional passenger expenses. Travel Insurance is recommended.

Please return this application with deposit to ED HILL TOURS payable to Ed Hill Tours.

The requested information is necessary for the preparation of group travel documents and will be kept confidential.