

Registration Form

Israel Tour

Yes! I would like to join the May 3 - 17 Tour for 2019 to Israel!

Signature _____ Date _____

I declare that I and all those whom I enroll on this tour through this registration form, and/are medically capable of joining this tour. I and the persons I am enrolling on this tour will have all needed prescriptions and medications with us, **and** all other travel documents specified in this information packet.

Please include a copy of your passport (page which shows your photo) with this registration form. **Your passport expiration date must be valid at least 6 months after tour ends**. Example: 25 NOV 2019, cannot expire before this date.

YOUR NAME MUST BE THE SAME AS ON YOUR PASSPORT!

Name: First _____ Middle _____ Last _____

DOB ___/___/___ Passport # _____ Daytime Phone# () _____

Address _____ City _____ State _____ Zip _____

Email Address _____

Name: First _____ Middle _____ Last _____

DOB ___/___/___ Passport # _____ Daytime Phone# () _____

Address _____ City _____ State _____ Zip _____

Email Address _____

Only fill out below if you choose to purchase Domestic ticket thru BBM

My Airlines seating preference is (Please Highlight): **AISLE** | **WINDOW** | **MIDDLE**

Also Include your travel companion information: **AISLE** | **WINDOW** | **MIDDLE**

DOMESTIC DEPARTURE AIRPORT: _____

NAME AS ON PASSPORT: _____

CITY: _____

STATE: _____