

REGISTRATION FORM

Word to Life Pilgrimage Tour

By submitting this form, I understand it is my responsibility to obtain any visas/re-entry permit necessary for this trip if I don't hold an American Passport. I have read and agreed to all the terms and conditions as provided by Travel Leaders/Thomas Travel Inc.

**Your Passport Must Be Valid 6 Months AFTER Your Return Date.
PLEASE ATTACH A COPY OF YOUR PASSPORT**

Last Name on Passport		First Name on Passport		Middle Name on Passport	
Address:					
City/State/Zip:					
Home Phone (including area code):			Cell Phone (including area code):		
Email address:					
Passport number:			Country of issue:		
Date of issue:			Expiration date:		
Date of birth (month/day/year):			Gender (circle one): M F		
			U.S. Citizen (circle one): Y N		
In case of emergency please contact (name, relationship & phone):					
Please choose one of the following:					
<input type="checkbox"/> I want to room with (give name):					
<input type="checkbox"/> I need a roommate					
<input type="checkbox"/> I want a Single Room (Surcharge applies)					
Any Medical Conditions, Dietary or Special Needs (give specifications to what it needed)					
If you would like to use a credit card complete the information below:					
Card number			Expiration date:		
Security code					

**A DEPOSIT OF \$300 PER PERSON IS DUE 09/15/2018
FINAL PAYMENT IS DUE 11/15/2018**

MAKE CHECKS PAYABLE TO: **TRAVEL LEADERS/THOMAS TRAVEL, INC.**

MAIL CHECKS AND REGISTRATION FORMS ALONG WITH A COPY OF PASSPORT

Pilgrimage to the Holy Lands c/o TRAVEL LEADERS, 1322 LEBANON ROAD, DANVILLE, KY 40422

Phone: (859) 236-0000 – Fax: (859) 236-0827 – Email: debbie@thomastravelinc.com

The group requires a minimum of 26 passengers. If 26 passengers are not confirmed deposit WILL be refunded.