

# 12 DAY PILGRIMAGE TO THE HOLY LAND & ROME

## REGISTRATION FORM

**Tour # CHS-1009/12D**

### Passenger #1:

Clearly print your full name as it appears on your passport

Last Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ (MM/DD/YYYY)

Sex:  M  F Country of Citizenship \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

I consent to receive promotional emails about your services

Home Phone (\_\_\_\_) \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_

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

Expiration Date \_\_\_\_/\_\_\_\_/\_\_\_\_ (MM/DD/YYYY)

(Must be valid for 6 months post return)

Emergency Contact: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Name for Badge (Nickname) \_\_\_\_\_

**FIRST DEPOSIT (DUE NOW): \$500.00**

Check Discount/Check Price: \$4699 per traveler

Travel Insurance: \$313 per traveler

**MAKE CHECK PAYABLE TO: Holy Land Travel Center**

**Mail Check to:**

**2800 San Mateo BLVD NE, Suit 108  
Albuquerque, NM 87110**

### Passenger #2:

Clearly print your full name as it appears on your passport

Last Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ (MM/DD/YYYY)

Sex:  M  F Country of Citizenship \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

I consent to receive promotional emails about your services

Home Phone (\_\_\_\_) \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_

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

Expiration Date \_\_\_\_/\_\_\_\_/\_\_\_\_ (MM/DD/YYYY)

(Must be valid for 6 months post return)

Emergency Contact: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Name for Badge (Nickname) \_\_\_\_\_

**Accommodation Desired:**

Double room sharing with \_\_\_\_\_

Single Room (\$999 extra per person)

Random Roommate (I understand if no roommate is found, the single supplement charge will be added to my account)

**For Credit Card or Bank Payment:**

**Register for this tour online at [www.holylandtc.com](http://www.holylandtc.com)**

This registration form serves as your acceptance of the policies, terms and conditions as outlined in this brochure. I acknowledge that airline tickets are non-refundable, non-transferable, and are subject to airline cancellation fees and policies. No registrations will be accepted without signed acknowledgement. **For Pre-Existing Medical Conditions Exclusion Waiver, insurance plan must be purchased within 15 days of Initial Trip Payment.**

### Signature

Passenger 1: \_\_\_\_\_ Passenger 2: \_\_\_\_\_

**PLEASE INCLUDE A CLEAR PHOTOCOPY OF YOUR PASSPORT WITH THIS REGISTRATION FORM**