

## 2019 – REGISTRATION FORM – BRINGING YESHUA TO ISRAEL TOUR

\_\_\_ Enclosed is my deposit of \$500.00 per person (Cancellation penalties apply, see Terms and Conditions.)

\_\_\_ Enclosed is the required photocopy of our passport photo page which is valid 6 months beyond tour date.\*

\*If you are in the process of obtaining your passport, please submit registration form to hold your place.

**Information below is required for every traveler**

(Name must match exactly the full legal name on your passport)

### PASSENGER INFORMATION

Legal Last Name \_\_\_\_\_ Legal First & Middle \_\_\_\_\_

Preferred Name (Nickname for badge): \_\_\_\_\_ Title \_\_\_\_\_

Sex \_\_\_ Male \_\_\_ Female Date of Birth (MM/DD/YYYY): \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work phone \_\_\_\_\_ Alt. Phone \_\_\_\_\_

Email \_\_\_\_\_ Send me emails about trip \_\_\_\_\_

Passport # \_\_\_\_\_ Issue Date \_\_\_\_\_ Expiration date \_\_\_\_\_

Place of Issue of passport (Country) \_\_\_\_\_ Nationality \_\_\_\_\_

\_\_\_ I attest that the name provided for passport is as it appears on the passport and understand that costly name change fees will be incurred if incorrect. I understand that passport cards are not valid for international travel

\_\_\_ If I am not a citizen, I understand that CFN is not responsible to provide necessary travel documents, such as VISAS. It is my responsibility to check with the consulate of each country that I am visiting and obtain any necessary paperwork required to enter those countries.

### ACCOMMODATIONS

I would like to share a room with \_\_\_\_\_

\_\_\_ Please assign a roommate. (Quoted tour price based on double occupancy. See Israel Information, Travel Tips and Fine Print under “Tour Price”

If no Roommate, try to match me with \_\_\_\_\_. Single room (availability limited at extra cost) Request Single Room and the supplement for Israel \$1697 for Petra, Jordan \$249

**EMERGENCY CONTACT** (Not traveling with you)

Emergency Contact Name \_\_\_\_\_

Phone \_\_\_\_\_

Relationship \_\_\_\_\_

**OFFERING TWO DIFFERENT DEPARTURE DATES (VIA DFW INTERNATIONAL AIRPORT)**

_____ Group 1	Israel	May 13 – 25	Cost: \$4895 R/T airfare & land package Cost: Land/ground package only \$3545
_____ Group 2	Israel	May 15 – 25	Cost: \$4395 R/T airfare & land package Cost: Land/ground package only \$3050

**EXTENSION TOURS VIA TEL AVIV (extra cost) – add to Group 1 or Group 2 the following:**

_____ Group 3	Israel-Petra	May 25 – 28	Cost: \$985 (includes airfare & land package)
_____ Group 4	Norway	May 28 – June 2	Cost \$1500 (includes airfare VIA Tel Avi/Norway/USA)

**LAND TRANSPORTATION ACCOMMODATIONS**

\_\_\_\_\_ I am traveling with others on this trip – Please provide names so we can assign group the same bus:

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**TOUR MEMBERS NEEDING SPECIAL ASSISTANCE:**

The level of activity for CFN Tour ranges from moderate to strenuous daily and pace is moderate to fast. Any physical limitations, health conditions or disability requiring special attention should be reported to CFN at the time the reservation is made. Passengers registering for the tour/s accept the responsibility for being in good health and able to walk and travel on the tour. Because many of the sites are not accessible to the physically challenged, those needing oxygen, wheelchairs, or other ambulatory assistance will find the tour extremely limiting to their experiences. All team members must be able to move around by themselves and be able to handle their own luggage. We regret that we cannot provide individual assistance to a tour member for walking, dining, getting on and off motor coaches and other transportation vehicles or other personal needs. **Travelers who need such assistance must be accompanied by a qualified companion.**

**TRAVEL PROTECTION PLAN PURCHASED SEPARATELY**

*The Travel Protection Plan is paid in addition to initial deposit or tour payments prior to the final payment for coverage to be in effect. Contact **Judith Paletti at Royal Travel (214) 340-2030***

**IMPORTANT INFORMATION REGARDING TRAVEL (illness or death)**

1. Coverage cannot be added after you have been paid in full.
2. Premium is based on total cost of trip and is non-refundable.
3. Coverage begins when your premium payment is received by the insurance company (separate from deposit payment and clearly designated as your Travel Protection Plan premium. Coverage is not available for those living outside of United States.

**CANCELLATION FEES**

100% Of Cancellation Fees are covered by the optional Travel Protection Plan, provided premium has been paid and reason for cancellation is insurable.

**WITHOUT TRAVEL PLAN**

Those who do not take travel protection should be aware of the following cancellation penalties: From day of registration to 105 days prior to departure you will be charged the \$100 non-refundable administrative fee plus any airline fees. Additionally, thereafter you will be charged any airline penalties and a single room supplement if your cancellation forces your roommate into a single plus the following charges: 104-60 days=\$400; 59-45 days=\$600; 44-31 days=40% of total cost; 30 days to day of departure=%100 of total cost. Submit cancellation in writing on or the day after departure, there will be no refund for any services used.

**METHOD OF PAYMENT**

Make checks payable to:

Christ For the Nations – 3404 Conway Street – Dallas, Texas 75224  
Phone (214) 302-6215 – Fax (214) 302-6228 – Email [hospitality@cfni.org](mailto:hospitality@cfni.org)

\_\_\_\_\_ Please charge \$500.00 per person deposit for the following credit card upon receipts of this registration. (Cancellation penalties apply, see Terms and Conditions.)

\_\_\_\_\_ Enclosed is the required photocopy of my passport book photo page which is valid 6 months beyond tour date. Passport cards are not valid for overseas travel.

**FINAL PAYMENT DUE ON FRIDAY, APRIL 19, 2019**

\*Payment plan available, please request terms from CFN Israel Tour at:

Email: [hospitality@cfni.org](mailto:hospitality@cfni.org) phone: (214) 302-6215

**CREDIT CARD PAYMENT INFORMATION**

\_\_\_\_\_ VISA      \_\_\_\_\_ MASTERCARD      \_\_\_\_\_ DISCOVER      \_\_\_\_\_ AMX

Credit Card Number \_\_\_\_\_

Name as appears on card \_\_\_\_\_

Address card is billed to \_\_\_\_\_

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

**AMOUNT TO BE CHARGED TO THIS CARD** \_\_\_\_\_

How did you hear about this tour? \_\_\_\_\_

By signing below, I/We certify that I have read the "Fine Print," understand its content, and agree to its terms including but not limited to the potential for price increases that may apply before payment in full has been received as set forth in the "Fine Print" and potential price increases after payment in full has been received due to government imposed taxes and fees.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_