



**BEULAH BAPTIST CHURCH
REGISTRATION FORM
Israel March 17- 26, 2018**

- FULL PACKAGE \$4,299.00 OR LAND PACKAGE \$3,299.00 (**check one**)
 Enclosed is my deposit of \$500.00 (\$300.00 of the \$500.00 is non-refundable)
 Enclosed is my full payment \$ _____
 I request a single room (there is \$750.00 additional charge for a single room)

GENDER: M or F

BIRTHDATE: _____
mm/dd/yyyy

FULL PASSPORT NAME: _____

PHYSICAL ADDRESS: (for possible FedEx deliveries, if necessary)

ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
HOME PHONE: _____ CELL: _____
EMAIL: _____

MAILING ADDRESS:

ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____

NAME YOU WISH TO APPEAR ON YOUR NAME TAG:

ROOMING INFORMATION:

- Double Room
 Single Room - additional \$750.00
(if you prefer the double option, DuCar will attempt to find a roommate for you)

ROOMMATE REQUEST: Please list all those with whom you wish to room.

TRAVELING WITH SOMEONE/PEOPLE OTHER THAN WITH THOSE WHOM YOU ARE ROOMING:

PASSPORT INFORMATION:

PASSPORT#: _____ ISSUE DATE: _____ EXP DATE: _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____ CITIZENSHIP: _____

We will need a photocopy of your passport as soon as possible. Your passport must be valid for at least six (6) months from the time of your return date.

INSURANCE INFORMATION: Insurance is mandatory. You may select to purchase with your tour or indicate if you will provide your own insurance. You also have the option to add "Cancel for Any Reason" at an additional cost.

FULL PACKAGE: \$357.00 Double Occupancy \$178.50 Cancel for ANY reason (optional)

\$447.00 Single Occupancy \$223.50 Cancel for ANY reason (optional)

LAND PACKAGE: \$277.00 Double Occupancy \$158.50 Cancel for ANY reason (optional)

\$357.00 Single Occupancy \$178.50 Cancel for ANY reason (optional)

I will be providing my own insurance

PAYMENT INFORMATION ~ Make checks payable to:

DuCar International Tours - PO Box 10307 - Lynchburg, VA 24506-0307

CREDIT OR DEBIT: (circle one)

CARD NUMBER: _____

EXP DATE: _____ SECURITY CODE: _____

NAME AS IT APPEARS ON CARD: _____

CREDIT CARD BILLING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER ASSOCIATED WITH CARD: _____

CONFIRMATION OF TOUR CONDITIONS ACCEPTANCE:

I have read and accept the Tour Conditions: _____

Signature

Received by:	Date:
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