



LIFECCHANGE BAPTIST CHURCH REGISTRATION FORM

- FULL PACKAGE OR LAND PACKAGE (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 \$700.00 additional charge for a single room)
- Land Package Only \$ _____
- Extension (If Applicable) Location: _____

MAILING ADDRESS:

NAME: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHYSICAL ADDRESS:

NAME: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL: _____ BIRTHDATE: _____

EMAIL: _____ GENDER: **M or F**

NAME YOU WISH TO APPEAR ON YOUR NAME TAG: _____

ROOMING INFORMATION:

- Double Room
- Single Room - additional \$700.00
(if you prefer the double option, DuCar will try 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:

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.

PASSPORT INFORMATION:

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

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

CITIZENSHIP: _____

INSURANCE INFORMATION:

FULL PACKAGE: \$ _____ Double Occupancy \$ _____ Cancel for ANY reason

\$ _____ Single Occupancy \$ _____ Cancel for ANY reason

LAND PACKAGE: \$ _____ Double Occupancy \$ _____ Cancel for ANY reason

\$ _____ Single Occupancy \$ _____ Cancel for ANY reason

I will be providing my own insurance

PAYMENT INFORMATION ~ Make checks payable to:

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

CREDIT OR DEBIT CARD NUMBER: _____

EXP DATE: _____ SECURITY CODE: _____

NAME AS IT APPEARS ON CARD: _____

CREDIT CARD BILLING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER ASSOCIATED WITH CARD: _____

EMAIL: _____

CONFIRMATION OF TOUR CONDITIONS ACCEPTANCE:

I have read and accept the tour conditions: _____

Signature

Recieved by:	Date:
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