



MARC and STEPHANIE PRITCHETT ISRAEL TOUR

JUNE 13 - 22, 2022

REGISTRATION FORM

REGISTRATION DATE: _____

- FULL PACKAGE OR LAND PACKAGE (check one)
- I am paying the Deposit of \$500.00 (\$300.00 of the \$500.00 is non-refundable)
- I am paying for the Full Package \$ 4,450.00
- I request a single room there is \$750.00 additional charge for a single room. (***Please pay for Single Option & Insurance when you register.**)
- I am paying for the Land Package \$ 3,450.00

INSURANCE INFORMATION: Insurance needs to be paid at time of registration. INCLUDES "CANCEL FOR ANY REASON"

- FULL PACKAGE:** Double Occupancy - \$4450.00+\$424.50=\$4874.50
- Single Occupancy (on Full Package) - \$4450.00+\$750.00+\$517.50=\$5717.50
- LAND PACKAGE:** Double Occupancy - \$3450.00+\$331.50=\$3781.50
- Single Occupancy (on Land Package) - \$3450.00+\$750.00+\$424.50=\$4624.50
- I will be providing my own insurance.

(We need a letter stating you are providing you own, and proof of insurance.)

FULL PASSPORT NAME: _____

The name on your passport **MUST** match the name on your Airline ticket. (Call for more information.)

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHYSICAL ADDRESS:

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL: _____ BIRTHDATE: _____

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

(please circle one)

NAME YOU WISH TO APPEAR ON YOUR NAME TAG:

ROOMING INFORMATION:

If you prefer the Double Room option and need a roommate - DuCar will attempt to find a roommate for you. If DuCar cannot find a roommate for you, you will be charged for a single room.

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

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

DO YOU HAVE ANY DIETARY RESTRICTIONS OR FOOD ALLERGIES? IF YES, PLEASE EXPLAIN:

PASSPORT INFORMATION:

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. If you need to obtain a first-time passport or renew your passport, please write "PENDING" on the PASSPORT # line.

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

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

PAYMENT INFORMATION ~ Make checks payable and Mail to:

DuCar International Tours
201 Huntingwood Blvd.
Lynchburg VA 24503-3815
(1-800-553-8227)

CREDIT CARD NUMBER: _____
(**NO** Debit Cards accepted)

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