

**ISRAEL TOUR REGISTRATION FORM**

**With Jabbok Ministries/Pam Jenkins**

**February 23 – March 3, 2020**

**FULL PACKAGE** $4,199 **LAND PACKAGE** $3,199 (**check one**)

Enclosed is my deposit of $500.00 ($300.00 of the $500.00 is non-refundable) .

**Insurance needs to be paid at time of registration.**

Enclosed is my full payment $ 4,199.

I request a single room (there is $750.00 additional charge for a single room)

Land Package Only $ 3,199.

**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:**

**FULL PACKAGE:** $283. Double Occupancy $141.50 Cancel for ANY reason

$318. Single Occupancy $159. Cancel for ANY reason

**LAND PACKAGE:** $221. Double Occupancy $110.50 Cancel for ANY reason

$252. Single Occupancy $126. Cancel for ANY reason

I will be providing my own insurance

**PAYMENT INFORMATION** ~ Make checks payable to:

DuCar International Tours – 201 Huntingwood Blvd.

Lynchburg, VA. 24503

**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