



**GRACELAND BAPTIST CHURCH  
FEBRUARY 5-14, 2024**

**REGISTRATION FORM**

**REGISTRATION DATE:** \_\_\_\_\_

**FULL PACKAGE** OR  **LAND PACKAGE** (check one)

I am paying the Deposit of \$700.00 (non-refundable)

I am paying for the Full Package \$5,250.00

I am requesting a Single Room. There is \$850.00 additional charge for a Single Room.

I am paying for the Land Package \$4,250.00

**INSURANCE INFORMATION: Trip Cancellation and Trip Protection Insurance is required for travel on this tour, and is the responsibility of each traveler. We will need proof of your insurance. Policy #, Insurance Company, Date of Purchase.**

**FULL PASSPORT NAME (Print clearly):**

\_\_\_\_\_  
The name on your passport **MUST** match the name on your Airline ticket.

**PHYSICAL ADDRESS:**

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**MAILING ADDRESS:**

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

EMAIL: \_\_\_\_\_ GENDER: **M or F**  
(please circle one)

**EMERGENCY CONTACT (Someone not on the trip):**

CONTACT NAME: \_\_\_\_\_

CONTACT PHONE NUMBER (w/ area code): \_\_\_\_\_

**NAME/NICKNAME YOU WISH TO APPEAR ON YOUR NAME TAG:**

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

\_\_\_\_\_

**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(S) REQUEST:**

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

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**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  
(1-434-941-8886)

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: \_\_\_\_\_