

# HOLY LAND TRAVEL CENTER

TRAVEL REGISTRATION FORM  
A Pilgrimage to the Holy Land

Host: **Father John C. Anderson**

Tour #: **MSP-0102/13D**

## Passenger Information:

Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
(As it appears on your passport) (As it appears on your passport)

Street: \_\_\_\_\_ Apt: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (Month/ Day/ Year) Sex:  M  F Age: \_\_\_\_\_

Citizen of USA  Y  N Other (Specify): \_\_\_\_\_

Passport Number \_\_\_\_\_ Expiration \_\_\_\_/\_\_\_\_/\_\_\_\_ (Must be valid for 6 months post departure!)

Emergency Contact (In the USA): \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Your Roommate: \_\_\_\_\_  I want a single room (limited availability and additional cost of \$750)

Desired Name Printed on Name Tag (may be a nickname) \_\_\_\_\_

\_\_\_\_\_ **(Please Sign)** I acknowledge that airline tickets are non-refundable, non-transferable, and are subject to airline cancellation fees and policies. *No registrations will be accepted without signed acknowledgement.*

Kindly mail registration form with your deposit to:

**Holy Land Travel Center – 5310 S. 139th Plaza Suite 101 - Omaha, NE 68137**

Tour Price: Cash/Check discount is \$3499. Regular/Credit Card Price is \$3599

**Credit Card (Regular/Full Price is \$3599):**

Card holder's name (print): \_\_\_\_\_ Card No: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Security Code on card: \_\_\_\_\_ Amount: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Signature Passenger 1 \_\_\_\_\_