

REGISTRATION FORM

A Nine-Day Tour of Israel

March 29 – April 6, 2019 Hosted by Dr. Kirk and Laura Walters

Mount Paran North Church – Marietta, GA

By submitting this registration form, I have read and agree to all terms and conditions set forth in the brochure and this form. I understand it is my responsibility to obtain any visas/re-entry permits necessary for this trip if I do not hold a U.S. Passport.

Your Passports Should Be Valid 6 Months After Your Return Date!

PLEASE ATTACH A COPY OF YOUR PASSPORT TO THIS FORM.

PLEASE PRINT YOUR INFORMATION BELOW

Last Name on Passport:	
First Name on Passport:	
Middle Name on Passport:	
Address:	
City/State/Zip:	
Phone Number (with area code):	
Email address:	
Passport number:	Country of issue:
Date of issue:	Expiration date:
Gender: M F	
My date of birth is (month/day/year):	Country of birth:
In case of emergency please contact (name & phone):	
Please choose one of the following:	
<input type="radio"/> I want to room with (give name):	
<input type="radio"/> I need a roommate	
<input type="radio"/> I want a Single Room (at additional \$600.00)	

A DEPOSIT OF \$300.00 PER PERSON – (SEE TERMS & CONDITIONS)

Please Make Checks Payable To: **Inspirational Tours, Inc.**
Please Mail Checks, Registration Form, & Copies Of Passports To:
Inspirational Tours, Inc.
5433 Westheimer Rd., STE 600
Houston, TX 77056