

REGISTRATION FORM

A Ten-Day Tour of Israel - February 15-24, 2024

Hosted by Dr. Kirk Walters

Mount Paran North Church, Marietta, GA

\$3,799.00 per person from Atlanta

By submitting this registration 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. I have read and agree to all terms and conditions set forth in the brochure and this form.

Your Passport Must Be Valid Six 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:	Place of issue:
Date of issue:	Expiration date:
My date of birth is (month/day/year):	Gender: M F
In case of emergency please contact (name & phone):	
Please choose one of the following:	
<input type="checkbox"/> I want to room with (give name):	
<input type="checkbox"/> I need a roommate	
<input type="checkbox"/> I want a single room (at additional \$1000.00)	

A NON-REFUNDABLE DEPOSIT of \$300.00 PER PERSON (SEE TERMS AND CONDITIONS)

Land-only option available for \$2,390.00.

Please make checks payable to: **Inspirational Tours, Inc.**

Please mail checks, registration forms, & copies of passports to:

Inspirational Tours, Inc. | 5433 Westheimer Road, Suite 600 | Houston, Texas 77056

By Signing Below, I have read and agreed to all the terms and conditions as set forth in this brochure.

Signature X _____ Date _____

(No Registration Form will be processed without signature and date.)