

**REGISTRATION FORM**

***Israel 2020 - 10 Day Holy Land Tour***

**Pastor Gregory C. Trotter**

**November 3-12, 2020**

By submitting this form, I understand it is my responsibility to obtain any visas/re-entry permit necessary for this trip if I don't hold an American 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 (including zip):	
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 <b>(at additional \$800.00)</b>			

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

Please Make Checks Payable To: **Inspirational Tours, Inc.**

Please Mail Checks, Registration Forms, & Copies Of Your Passports To:

**Inspirational Tours, Inc.  
5433 Westheimer Rd., STE 600  
Houston, TX 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.)***

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