

Registration Form
A Journey to the Holy Land
Under the Direction of Pastors Hedy Collver and Fawn Mikel
Local Guide Canon Iyad Qumri

FEBRUARY 7-20, 2019

Enclosed please find my \$500 per person deposit for the above referenced trip. By submitting this payment, I acknowledge that I have read, understood, and agree to the "Terms and Conditions" in the accompanying brochure. I agree to submit full payment by December 1, 2018. **Please print in BLOCK LETTERS your legal Last Name and First Name (NO middle name) as they appear on your passport**

Last Name _____ First Name _____
Street Address _____ Apt _____
City _____ State _____ ZIP _____
Home TEL: (_____) _____
Cell/ Office TEL: (_____) _____
Email: _____
Signature _____ Date _____ Gender: _____
Do you hold an American Passport? _____ If not, what nationality? _____
Passport # _____ Expiration Date ____/____/____

Rooming Information:

_____ I wish to room with _____
(enter name) (relation if any)

_____ I wish a single room. Subject to availability and confirmation two weeks prior to departure.

Make Check Payable to: Central United Methodist Church

Mail to: 200 East Marion Street, Shelby, NC 28150
Based on current airfare costs.

This cost could change before we are able to make reservations July 1, 2018.

Further information on travel protection will be sent within two weeks of receipt of your registration and deposit.