

REGISTRATION FORM – PALMER

4459

November 7 - 21, 2016

(ONE FORM PER PASSENGER - PLEASE PRINT YOUR INFORMATION)

Checks payable to: Journeys Unlimited (Checks only please for groups)
Mail registration forms, checks & passport copies to: Journeys Unlimited 800 Bustleton Pike Richboro PA 18954 Attn: Groups

Please fill in all information and send with \$500.00 deposit check per person, along with copy of passport. If you do not have your passport, please put official entire name that will be on your passport and under Passport Number – write “pending”.

PERSONAL INFORMATION:

FULL NAME AS IT APPEARS ON PASSPORT (OR AS IT WILL APPEAR ON PASSPORT)

_____ (male/female)
(first name) (middle name) (last name)

DATE OF BIRTH: ____/____/____ AGE WHILE TRAVELING: _____

CURRENT MAILING ADDRESS OCCUPATION: _____

(street) (city) (state) (zip code)

HOME PHONE NUMBER CELL PHONE NUMBER EMAIL ADDRESS

PASSPORT INFORMATION: JOURNEYS MUST HAVE A COPY OF YOUR PASSPORT FOR AIRLINE TICKETING

APPLY IMMEDIATELY!! (Must have passport 45 days prior to departure for medical insurance in Israel)

PASSPORT NUMBER

PASSPORT DATE OF EXPIRATION

month day year

(Must be valid through MAY 20, 2017)

TOUR INFORMATION: NAME you would like on NAME BADGE (first & last)

ROOMMATE NAME

PLEASE CIRCLE ONE

I NEED YOU TO ASSIGN ME A ROOMMATE SINGLE ROOM DOUBLE ROOM TRIPLE ROOM
(\$1084.00 additional charge - limited)

EMERGENCY CONTACT NAME & RELATION

PHONE NUMBER

AIR INFORMATION:

- ____ I will be traveling with the group from CVG using group air space.
____ I will be making my own air arrangements (copy of flights required)
____ I need assistance from another city other than CVG.