

**ISRAEL & JORDAN JOURNEY
18 NOVEMBER – 02 DECEMBER 2009
REGISTRATION FORM**

FIRST & LAST NAME.....
(as appears on passport)

ADDRESS.....

CITY..... POSTAL CODE.....

PHONE: (HOME)..... PHONE: (WORK).....

EMAIL: (HOME)..... EMAIL: (WORK).....

DATE OF BIRTH:..... NAME BADGE: To read.....

SPOUSE or TRAVELLING COMPANION INFORMATION

FIRST & LAST NAME.....
(as appears on passport)

ADDRESS.....
(if different from above)

CITY..... POSTAL CODE.....

PHONE: (HOME)..... PHONE: (WORK).....

EMAIL: (HOME)..... EMAIL: (WORK).....

DATE OF BIRTH:..... NAME BADGE: To read read.....

Please enclose your deposit cheque for \$300 payable to Christian Journeys. If paying by credit card please complete the following. A 3.% surcharge is applicable to the total tour cost when paying by credit card.

CREDIT CARD: VI..MC..AX.. CARD #:.....EXP:.....

IMPORTANT NOTE: Christian Journeys has partnered with third party suppliers to compose this tour program. None of the third parties, such as airlines, hotels, coach companies and guides are employees of our company. If, for any reason beyond our control, we cannot supply a portion of the itinerary due to the actions of a third party, we will replace that component with comparable or superior services. Comprehensive Travel Insurance is strongly recommended and is made available to all passengers. Deposits and insurance are non-refundable, unless a replacement can be found.

I have read and understand the booking conditions of this tour. SIGNATURE:.....DATE:.....

**CHRISTIAN JOURNEYS & TOURS
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