

REGISTRATION FORM
ISRAEL STUDY TOUR
WITH SCOTT HEARE
JULY 12 - 25, 2010

Name (AS LISTED ON PASSPORT) First _____ Last _____

Name you prefer on nametag _____

Address _____

City _____ State _____ Zip _____

Home Phone (area code) _____ Work Phone (area code) _____

Cell Phone (area code) _____ Email _____

Date of Birth _____ Passport Number _____

Passport Expiration Date _____ Citizenship _____
DD/MM/YY

TRIP COST:	\$4,595 PER PERSON, DOUBLE OCCUPANCY, SAN ANTONIO DEPARTURE
PAYMENT SCHEDULE:	\$400 DEPOSIT DUE UPON REGISTRATION \$1,200 DUE APRIL 9, 2010 \$1,200 DUE MAY 11, 2010 FINAL PAYMENT DUE JUNE 11, 2010
<input type="checkbox"/>	REQUEST SINGLE ROOM (\$720 SUPPLEMENT)
<input type="checkbox"/>	REQUEST GTI TO FIND ROOMMATE <input type="checkbox"/> I WOULD LIKE TO ROOM WITH _____

EMERGENCY INFORMATION

Contact #1

Contact #2

Name _____ Name _____

Relationship _____ Relationship _____

Address _____ Address _____

City, State, Zip _____ City, State, Zip _____

Home Phone (w/area code) _____ Home Phone (w/area code) _____

Cell Phone (w/area code) _____ Cell Phone (w/area code) _____

Work Phone (w/area code) _____ Work Phone (w/area code) _____

SEND COMPLETED REGISTRATION FORM AND **A COPY OF THE FACE PAGE OF YOUR PASSPORT** TO:
GTI TOURS, ATTN: AMY, 513 EAST 8TH STREET, HOLLAND, MI 49423 PHONE: (800) 829-8234