

**REGISTRATION FORM**  
**ISRAEL STUDY TOUR**  
**WITH KENT DOBSON**  
**AUGUST 9 – 19, 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:** \$3,995 PER PERSON, DOUBLE OCCUPANCY, CHICAGO DEPARTURE  
 \$3,795 PER PERSON, STUDENT RATE, TRIPLE OCCUPANCY, CHICAGO DEPARTURE  
 (\$100 DISCOUNT FOR REGISTRATIONS RECEIVED PRIOR TO MARCH 1, 2010)

**PAYMENT SCHEDULE:** \$400 DEPOSIT DUE UPON REGISTRATION  
 \$600 DUE MAY 7, 2010  
 \$1,200 DUE JUNE 9, 2010  
 FINAL PAYMENT DUE JULY 9, 2010

- REQUEST SINGLE ROOM (\$620 SUPPLEMENT)  
 REQUEST GTI TO FIND ROOMMATE     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 8<sup>TH</sup> STREET, HOLLAND, MI 49423 PHONE: (800) 829-8234