

Please Print

Registration Application Form

(Please complete one form for each person)

I wish to make a reservation for the Holy Land Pilgrimage of November 12, 2017. Please find enclosed my check in the amount of \$500.00 for my deposit on this Pilgrimage. I have read the itinerary with terms and conditions. Final Payment is due prior to August 1, 2017.

Name (Last Name, First Name) as it appears on my passport

Address

City

State

Zip

Phone Number (Area Code and Phone number for contact prior to departure)

Person to contact in case of emergency (name and relationship – after departure w/ phone no.

Passport Number, Expiration Date, Color Photo copy of passport is attached to this application

Email address

Date of Birth _____

Name of Roommate if known _____ Single Supplement () Yes () No

Star Alliance (UAL) FF Number _____ Seat Preference _____

Date _____

Signature

Mail To: Globe Travel, 1141 N. E. 175th Street, Miami, FL 33162-1238