Jerusalem Cornerstone Foundation Study Tours
REGISTRATION FORM

Fill in one form per person

Tour Name: *"ISRAEL – LAND OF THE BIBLE"*

Payment by check or money order may be mailed to:

Israel Tour
3433 NE Stanton St.
Portland, OR 97212

Make checks or money orders payable to:

"George Buettner, Israel Tour"

A receipt in the form of a statement will be mailed to you with each payment received toward the tour costs. Please retain for your records.

NAME AS IT APPEARS ON YOUR PASSPORT

Last Name_____First Name_____Middle_____

Passport Number --------- [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ] Expiration Date_____Nationality: USA

Home Address_____

City_____State_____Zip_____Email Address_____

Home Phone__( )_____Cell Phone__( )_____

Birthdate ___ ___ / ___ ___ / ___ ___ Gender: ( ) Male ( ) Female

AIRLINE INFORMATION

Frequent Flyer Number_____(Validation of FF# required upon check-in for your flight)

Seating Request: [ ] Aisle [ ] Center [ ] Window [ ] No Pref

Meals: [ ] Regular [ ] Vegetarian [ ] Other_____

Emergency Contact (*Please inform this person you have listed them as an emergency contact*):

Last Name_____First Name_____Phone__( )_____

Address_____City_____State_____Zip_____

Email_____Cell Phone__( )_____

INCLUDE $250.00 NON-REFUNDABLE TOUR DEPOSIT WITH THIS REGISTRATION FORM

I have read and accept the terms and conditions of this tour.

Signature_____Date_____

(Office Use Only)
Date Rec'd _____ Confirmation #_____/26

Rev 5/09