JOURNEY TO JERUSALEM OCTOBER 17-28, 2017 TRAVEL REGISTRATION FORM

Phone Registration: 1-919-275-4477 Mail Registration: Make checks payable & mail to: Jewish Awareness Ministries • P.O. Box 1808 • Angier, NC 27501-1808 Email Address: office@jewishawareness.org

PASSPORT INFORMATION (if you don't have this information please submit as soon as possible)

Legal Name:	e and last as it appears on your passport
Passport # Au	uthority (as listed in your passport)
Date of issue: / / Date of Ex	xpiration: / / Nationality Month Day Year
PERSONAL INFORMATION	
Title: Preferred Name:	
Mr., Mrs., Ms., Rev., Dr.	if different than above
Address:	City State Zip
Home Phone: Area Code ()	Work Phone: Area Code ()
Sex: M F Age:	Birth date: / / Month Day Year
Email Address:	
Emergency Contact:	_Relationship: Phone: ()
Your Roommate:	
Please try to match me with a roommate	
I want a single room (availability limited) \$1,060	
	ON IF A SPOUSE OR CHILD IS TRAVELING WITH YOU
	nis information please submit as soon as possible)
Legal Name:	e and last as it appears on your passport
	uthority (as listed in your passport)
Date of issue: / / Date of Ex	xpiration: / / Nationality
PERSONAL INFORMATION	
Title: Preferred Name:	
Mr., Mrs., Ms., Rev., Dr.	if different than above
Address:	City State Zip
Home Phone: Area Code ()	Cell Phone: Area Code ()
Sex: M F Age:	Birth date: / / Month Day Year
PAYMENT	Month Day fear
Via check - Payable to Jewish Awareness Ministrie Via credit card: VISA MASTERCARD D	es ISCOVER
Card Number:	Expiration Date: /
Name as it Appears on Card:	Cardholder's Signature:
* Deposit of \$500 per person required at registra * Payment of \$2,000 is due on or before July 1, 2 * Payment balance is due on or before Sentembe	2017 - Credit card charge of 3%

* Enrollment in and payment of deposit constitutes your acceptance of the "Fine Print" in the brochure.