Stephen Hawkins - HOLYLAND TOUR - March 25 - APRIL 09, 2019

NAME (last)	NAME (first)) indicate - Mr.() Ms.(()	NAME (middle)	_
(AS IT IS OR WILL BE ON YOUR PASSPORT)	(AS IT IS OR WILL B	(AS IT IS OR WILL BE ON YOUR PASSPORT)		(AS IT IS OR WILL BE ON YOUR PASSPORT)	
NAME YOU GO BY	ADDRESS	ADDRESS		CITY	
(AS YOU WANT IT ON YOUR NAME BADGE)					
PROVINCE	POSTAL COL	POSTAL CODE		PHONE NUMBER	
BIRTHDAY	SPECIAL ME	AL NEEDS		ANY MEDICAL ALERT	
NATIONALITY	PASSPORT #	PASSPORT#		PASSPORT EXPIRY DATE	
EMERGENCY CONTACT NAME	CONTACT RI	CONTACT RELATIONSHIP TO YOU		EMERGENCY CONTACT PHONE	
DESTINATION	DEPART DAT	DEPART DATE AND TIME FROM CANADA		AIRLINE AND FLIGHT #	
ISRAEL	M	arch 25, 2019			
SHARING A ROOM WITH	RETURN DA	TE AND TIME IN CANAD	<u> </u>		
EMAIL ADDRESS					
PLEASE REGISTER ME: \$500.00 deposit due upon registration (refundable until February 28, 2019)	A CHEQUI	E FOR \$500.00 (pay	able to Ke		R -
ENCLOSED IS	<i>"</i>			<u>.EXP.</u>	
CHARGE MY CREDIT CARD					
NAME ON CARD					
SIG	NED:				
DATE:					