

Yosef Rachamim (Rami) Danieli,
Galilee

8460111 - 052

Holy Land Tour with Baht & George Whitten April 19-30, 2023

REGISTRATION FORM

Name (Exactly as appears on your passport) _____

Address: _____ City _____ State _____ Zip _____

Phone Numbers: Home: () _____ Work: () _____ Fax: () _____

Email Address: _____

Date of birth ____/____/____ Sex: Male Female Smoker: Yes No

Citizen of: _____ Passport number: _____ Date of issue: ____/____/____

Country Passport was issued: _____

Roommate's name: _____ (n/a if you don't have one)

Single Room (for an additional total cost of \$1300): Yes No

Special Requests/Needs/Medical Conditions: _____

In case of Emergency Please Notify (Mandatory): Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Work phone: _____

I understand that I am responsible to pay all necessary fees and dues by the appropriate deadlines.

I will not hold Tour Your Roots, Yosef Rachamim (Rami) Danieli, Worthy Ministries staff, representatives, or other agents involved in organizing different aspects of this tour, liable or responsible for, and hereby release them from, any and all deaths, injuries, accidents, illnesses, damage, medical bills, lost or stolen property, any unexpected changes that might occur due to Covid-19 crisis, or any other unexpected fees as they occur at any time during April 19-30, 2023. I agree to the tour's terms and conditions in full and understand that travel & health insurance policies are a must – especially due to the times in which we are living.

I _____ confirm with my signature, that I have read and understand ALL of the foregoing terms and conditions and information regarding April 19-30, 2023 tour (including, but not limited to, the attached forms), and I agree with ALL that I have read.

Signature: _____ Date: _____

Signature of custodial parent or legal guardian if under 18: _____

