

**2024 REGISTRATION FORM  
(ONE PER PERSON)  
Circle your tour**

     **Israel Tour \$5995**

     Enclosed is my deposit of \$500.00 per person with registration form  
(Cancellation penalties, see Terms and Condition)  
     Enclosed is a required photocopy of my/passport phot page which is valid  
6 months beyond tour date.  
*\*If you are in the process of obtaining your passport, kindly submit this  
registration form to hold your place.*

**PASSENGER #1 INFORMATION**

Legal First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_  
**Name must be exactly as it appears on your passport**

Preferred Name (Nickname for badge): \_\_\_\_\_ Title: \_\_\_\_\_

     Male:      Female      Date of Birth (month/day/year) \_\_\_\_\_

I am a citizen of: \_\_\_\_\_ City \_\_\_\_\_

State: \_\_\_\_\_ Zip code: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ (print clearly)

Passport #: \_\_\_\_\_ Date Issued: \_\_\_\_\_

Expiration date: \_\_\_\_\_ Place of Issue of Passport: \_\_\_\_\_

**CREDIT CARD PAYMENT INFORMATION**

     Group 1-Israel Only         Group 2-Israel & 7-Day Cruise         Group 3-7-Day Cruise

     VISA                           MASTER CARD                           DISCOVER                           AM X

Credit Card #: \_\_\_\_\_ Expires: \_\_\_\_\_ Security Code \_\_\_\_\_

Name as appears on card \_\_\_\_\_

Address card is billed to \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Amount to be charged to this card: \$ \_\_\_\_\_

**METHOD OF PAYMENT (Checks or Credit Card)**

Make checks payable to:  
Christ For the Nations Israel and/or Greek Island Tour-Attention Marianne Allen  
3404 Conway Street – Dallas, Texas 75224  
Pay by phone call: 214-302-6215  
Email: cfntours@cfni.org

**MEDICAL ISSUES OR DISABILITIES**

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**EMERGENCY CONTACT:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Email: \_\_\_\_\_ (print clearly)

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**ACCOMMODATIONS**

\_\_\_ Request Single room at a supplement of \$1.675.00

(Single room limited)

\_\_\_ I would like to share a room with: \_\_\_\_\_

\_\_\_ Please assign a roommate. (Quoted tour price based on double occupancy.

See “Hotel Accommodations” section on Terms and Conditions page

Age range: \_\_\_ 21-35 \_\_\_ 36-50 \_\_\_ 51-65 \_\_\_ \_\_\_ 66 and over

\_\_\_ I am traveling with others on this trip - Please provide names:

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**Initial blank below**

\_\_\_ I attest that the name provided for passport is as it appears on the passport and understand that costly name change fees will be incurred if incorrect. I understand that passport cards are not valid for international travel.

\_\_\_ If I am not a US citizen, I understand that CFN is not responsible to provide necessary travel documents, such as VISA or TRANSIT VISA. It is my responsibility to check with the consulate of each country that I am visiting and obtain any necessary paperwork required to enter those countries.

**AGREEMENT**

By signing below, I/We certify that I have read the “Fine Print,” understand its content, and agree to its terms including but not limited to the potential for price increases that may apply before payment in full has been received as set forth in the “Fine Print” and potential price increases after payment in full has been received due to government imposed taxes and fees.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Make a copy of your Registration Form, Passport photo page and payment check for your records. The finance department will send you a receipt for your payment.