

Israel's Hope Journey to Jerusalem
TRAVEL REGISTRATION FORM

Phone Registration: 1-619-922-5353
Mail Registration: Make checks payable & mail to:
Israel's Hope • 8457 SW 97 Circle • Ocala, FL 34481
Email Address: mark@forisrael.net

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

Legal Name: _____
first, middle and last as it appears on your passport

Passport # _____ Authority (as listed in your passport) _____

Date of issue: _____ / _____ / _____ Date of Expiration: _____ / _____ / _____ Nationality _____
Month Day Year 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: _____ Yes, I am interested in emails about my trip

Emergency Contact: _____ Relationship: _____ Phone: (____) _____

Your Roommate: _____

Please try to match me with a roommate

I want a single room (availability limited) additional \$

COMPLETE THIS SECTION IF A SPOUSE OR CHILD IS TRAVELING WITH YOU

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Address: _____ City _____ State _____ Zip _____

Home Phone: Area Code (____) _____ Cell Phone: Area Code (____) _____

Sex: M F Age: _____ Birth date: _____ / _____ / _____
Month Day Year

PAYMENT

Via check - Payable to Israel's Hope No credit cards accepted

- * Deposit of \$500 per person required at registration - payable by check
- * Payment of balance of account is due on or before December 15, 2023 by check
- * Enrollment in and payment of deposit constitutes your acceptance of the "Fine Print" in the brochure.