

**After May 15<sup>th</sup>, reservations will be Accepted, subject to availability, until Oct 20<sup>th</sup>**

**Final Payment due date is Nov 1, 2017**

## **Pilgrimage to the Holy Land January 21 –31, 2018**

### **Notice:**

This tour includes some days with significant walking. You should be in good health, able to climb stairs and walk reasonable distances, often uphill and over uneven surfaces. Discuss any disability before booking.

### **Important Information**

**Identification** – Passports are required for this trip at your expense **and must be valid a full 6 months past the last travel date of our trip.**

Israel requires a Visa which is currently complimentary to all US citizens. We recommend photocopying the first page of the passport 3 times. Send one copy to **Trinity Travel** with this booking form; pack a second copy separately from your actual passport; and leave the last copy at home with your emergency contact.

**In order to keep the cost of this trip at its lowest price, checks or money orders may be used as forms of payments. (If you prefer to pay by credit card, you may do so through PayPal. A 3½% additional fee will be incurred. Please call Trinity Travel to invoice you through PayPal.)**

- **Booking:** a deposit of \$500 per person is due at the time of booking.
- **Travel protection plan, if desired, must be purchased by the final payment date. Call for price**
- **Balance due Nov 1, 2017**

**For additional information please contact:**



**Legal Name (as it appears on your passport)**

**Fill out a separate form for each person traveling.  
Please use block letters**

**Nickname (for name badge):**

**Address:**

**City: State: Zip:**

**Telephone number(s):**

**Date of Birth:**

**Home Parish:**

**My roommate's name is:**

**If none, do you need a roommate? Y / N**  
*Trinity Travel will try to match solo travelers with a roommate, if requested. Solo travelers are responsible for the additional charge for a single supplement (\$900) if no roommate is identified by the final payment date.*

**Email Address:**

**Emergency Contact Name (not a travel companion and who is available 7/24 hr)**

**Telephone number of emergency contact:**

**Relationship of contact to traveler:**

**I understand the cancellation cost that I will be charged if I am unable to travel.**

**By signing this form and paying the deposit for this tour I hereby confirm that I have read and understand the Terms and Conditions of this Pilgrimage as outlined here and on the back page of the brochure.**

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_