

**Deadline for Group Air is Oct 15, 2018**

**Final Payment is due Nov 16, 2018**

## Pilgrimage to the Holy Land

January 25 – February 4, 2019  
with Mike Scherschligt

### Notice:

This tour requires average physical activity. You should be in good health, able to climb stairs and walk reasonable distances, possibly over uneven grounds and cobblestone streets.

### 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 that when traveling abroad, all US citizens should photocopy the first page of the passport 3 times. One copy will be **retained by Trinity Travel** – please **forward that copy** with this booking form. A second copy should be packed separately from your actual passport. We recommend leaving a 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.)**

- Deposit \$500.00 per person is required at time of booking
- Travel protection plan, if desired, must be purchased with the initial deposit to cover pre-existing conditions (call for price)
- **Balance due November 16, 2018**

For additional information please contact:



**Full Name (as it appears on your passport)**  
**Please use block letters**

**Nickname (for name badge):**

**Address:**

**City:**                      **State:**                      **Zip:**

**Telephone number(s):**

**Date of Birth:**

**Email Address:**

**Home Parish:**

**Roommate Name:**

**I don't have a roommate; I agree Trinity Travel may match me with another solo traveler: Y / N**

**If No, I understand I will pay the single supplement**

**I will use the group air: Y / N**

**If No, I understand that I may be responsible for airport transfers in Israel**

**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. Trinity Travel will try to match solo travelers with a roommate if requested but the additional charge for single supplement (\$950) may apply if none is identified by the final payment date.**

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

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

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