

**TRAVEL REGISTRATION**  
**Walk Through the Bible**  
**10-Days "Best of the Holy Land"**  
**January 19-28, 2021**

**\$3,198.00 from New York**

**\$3,496 from Jacksonville, FL**

**Other Departure Cities Available**

**Departure City** \_\_\_\_\_

**Passenger Names:**

**Today's Date:** \_\_\_\_\_

Name: (As it appears on Passport) \_\_\_\_\_ Sex: Male Female  
 Preferred Name (Nametag): \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_ Roommate: \_\_\_\_\_  
 Passport Number \_\_\_\_\_ Birthdate \_\_\_\_\_ State of Birth \_\_\_\_\_  
 Passport Issue Date \_\_\_\_\_ Passport Expiration Date \_\_\_\_\_ Place of Issue (Authority) \_\_\_\_\_

Name: (As it appears on Passport) \_\_\_\_\_ Sex: \_\_\_\_\_ Male \_\_\_\_\_ Female  
 Preferred Name (Nametag): \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_ Roommate: \_\_\_\_\_  
 Passport Number \_\_\_\_\_ Birthdate \_\_\_\_\_ State of Birth \_\_\_\_\_  
 Passport Issue Date \_\_\_\_\_ Passport Expiration Date \_\_\_\_\_ Place of Issue (Authority) \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Alternate Phone: \_\_\_\_\_

\$3,496.00 Per Person Double Occupancy      Travel Protection: \$349.00 per person double occupancy  
 \$698.00 Additional for Single Occupancy (\$4,194.00)      \$449.00 per person single occupancy

**Travel Protection:**    Accept      Decline  
 Premium must be paid before final payment.

NOTE: This Adobe downloadable Registration form can be downloaded and filled out then saved and printed or emailed. Or, if being filled out from a printed copy, just fill out around the these zeros.

Number of Passengers \_\_\_\_ @ \_\_\_\_\_ \$ \_\_\_\_\_  
 Travel Protection \_\_\_\_ @ \_\_\_\_\_ \$ \_\_\_\_\_  
**TOTAL AMOUNT DUE**      \$ \_\_\_\_\_

\$300.00 per person Deposit Due with Registration      DEPOSIT AMOUNT      \$ \_\_\_\_\_  
 Additional payment of \$1,500.00 due July 15, 2020  
 Final payment is due October 21, 2020

Check # \_\_\_\_\_      **AMOUNT ENCLOSED**      \$ \_\_\_\_\_

By signing below, I/We certify that I have read the "Fine Print" on the brochure, 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 \_\_\_\_\_ Signature \_\_\_\_\_

**Mail to: Senior Adult Travel Inc. PO Box 142045, Gainesville FL, 32614**

For additional information contact: Jerry Nash    352-727-2268    jerry@senioradulttravel.com

FAITH BASED TOUR HOSTING SERVING THE NORTH FLORIDA AREA

Senior Adult Travel Inc. is registered with the State of Florida as a Seller of Travel, Registration Number ST40596.