

TRAVEL REGISTRATION  
Trinity Baptist Church

"Best of Israel Tour"

10 Days November 27-December 6, 2023

Departure City Airport \_\_\_\_\_

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) \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
Alternate Phone: \_\_\_\_\_ Travel Protection: ☐ Accept ☐ Decline

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 \_\_\_\_\_  
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Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
Alternate Phone: \_\_\_\_\_ Travel Protection: ☐ Accept ☐ Decline

\$4,000.00 Per Person Double Occupancy From New York

\$898.00 Additional for Single Occupancy

\$298.00 Domestic Airfare from Jacksonville, Orlando & Tampa

Call for domestic airfare from a city near you



\$300.00 deposit due with registration.  
Full payment is due By August 14, 2023

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 zeros.

See Brochure for Optional Travel Protection Plan

Travel Protection Premium Due before coverage is in  
effect or by final payment due date.

Trip Cost	Plan Cost
\$4,000 - \$4,500	\$449.00
\$4,501 - \$5,000	\$499.00
\$5,001 - \$5,500	\$549.00

Price from NY	_____ @ _____	\$ _____
Pre/Post Tour	_____ @ _____	\$ _____
Domestic Airfare	_____ @ _____	\$ _____
<b>SUB-TOTAL DUE</b>	_____	<b>\$ _____</b>
Optional Travel Protection	_____ @ _____	\$ _____
<b>TOTAL DUE</b>		<b>\$ _____</b>

Check # \_\_\_\_\_ (Payable to Senior Adult Travel Inc)

DEPOSIT 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.