ED HILL TOURS www.edhilltours.com

760 US Highway One, Suite 205 North Palm Beach, FL 33408
Phone: 561.624.3200 Toll-free: 800.780.7801 Fax: 561.624.3201 E-MAIL: tours@edhilltours.com

PASSENGER REGISTRATION/APPLICATION

Please fill out this information form as completely as possible and **return it to Ed Hill Tours**/address below.
To avoid mistakes please PRINT or TYPE all answers. If your passport is not valid for SIX months PAST the return date of your tour, please apply for a new one immediately. Citizens of countries other than the USA may need an entry VISA. It is the responsibility of the passenger to obtain the necessary travel documents. Unavailable passport information requested on this form may be supplied when you receive your passport. This form is required with your deposit even if it is incomplete at the time it is submitted.
No medical shots are necessary. **You will need a CURRENT PASSPORT VALID THRU MAY 22, 2018** to travel on this tour.

Your Tour Host: REV. KEN RAGGIO **Tour Dates: NOVEMBER 11-21, 2017**

1._____ Male: ____ Female: ____
Please PRINT YOUR LEGAL NAME as it APPEARS/WILL APPEAR ON Your Passport. Your Passport and Airline Ticket must match.
The Tour Host/Tour Company will not be responsible for applicable airline fees to change and/or correct information.

2._____
Please PRINT YOUR NAME as You PREFER it ON Your Tour Badge. (This does not have to match your passport)

ADDRESS_____ **E-MAIL** _____

CITY _____**STATE** _____ **ZIP** _____

PHONE: Home (_____)____ _____ Work (_____) _____Cell (_____) _____

OCCUPATION _____ **Marital Status** _____ **Anniversary Date**_____

PASSPORT NUMBER _____ **Date of Issue** _____ **Date of Expiration** _____

Citizen of What Country? _____ **Place of Birth** _____ **Date of Birth** _____

Name of Roommate (if known) _____ (We cannot guarantee you a roommate.)
Do You Request a Single Room at an Additional Cost? _____ ($995.00) **Do You Smoke?** _____

Do You Need Physical Assistance in Any Way? _____ **Please Specify** _____

Person to Contact in Case of Emergency _____ **Telephone** (_____) _____

I AM PURCHASING THE LAND ONLY TOUR: ($2595.00 p/p) _____ I will secure my own airline reservations
Please supply your airline itinerary if you are purchasing the LAND ONLY TOUR package.

AIRLINE Frequent Flier Member? **Name of Airline** _____ **FF #:** _____

Payment Schedule: $500.00 p/person DUE WITH APPLICATION. 2nd pmt of $1500 due May 30, 2017. Balance due Sept. 26, 2017. Additional payments may be made at any time in any amount. Passengers who prefer to pay by credit card will be charged a fee of 3% of the amount charged.

SIGNATURE (required for enrollment) _____**Date**_____/_____/_____

Enrollment in the tour constitutes your financial commitment and acceptance of the tour conditions/responsibilities.
For your reference, please keep a copy of this form. The tour host and/or the tour company is not responsible for any mishaps with any suppliers or schedule change that may incur additional passenger expenses. Travel Insurance is strongly recommended.
The requested information herein is necessary for the preparation of group travel documents and will be kept confidential.

Please return this application with your deposit to your tour host or to ED HILL TOURS.