Registration Form

First Fruits of Zion **2018** Modern Israel Tour (April 15–26)

PERSONAL INFORMATION

PLEASE PRINT LEGIBLY — ONE FORM PER TOURIST.

NAME AS IT APPEARS ON YOUR PASSPORT

Last Name | First Name | Middle Name

Passport Number | Nationality | Expiry Date (MM/DD/YY)

Birthdate (MM/DD/YY) | ○ M ○ F Gender

CURRENT HOME ADDRESS

Street Address | Apt. #

City | State/Province | Zip/Postal Code

Telephone (home) | Telephone (work) | E-mail

PREFERENCES

Frequent Flyer Number *(Validation of FF # is required upon check-in for your flight.)*

Special Meal Request:

○ Kosher ○ Vegetarian ○ Other *(please describe)*

Would you like a single-occupancy room? ○ Yes ○ No
(If "yes," a single supplement cost of $800 will be added to your invoice.)

Roommate preference

EMERGENCY CONTACT

Last Name | First Name

Street Address

City | State/Province | Zip/Postal Code

Telephone #1 | Telephone #2 | Email

REGISTRATION AND PAYMENT

** Your $500 non-refundable deposit must accompany your registration. Payment may be made online at the First Fruits of Zion web store, www.ffoz.com.*

I have read and accept the terms and agreements of this tour:

Signature | Date