

# Joel Kramer Israel Study Tour

## Additional Travelers Registration Form

Traveler #1	CONTACT INFORMATION	Traveler #2
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Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Birth Year: \_\_\_\_\_     Male     Female

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Birth Year: \_\_\_\_\_     Male     Female

PASSPORT INFORMATION	
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Name: \_\_\_\_\_  
*(EXACTLY as it appears on your passport)*

PP #: \_\_\_\_\_

PP Expiration Date: \_\_\_\_\_  
*(passport must be valid for 6 months past trip return date – if it is not, you need to get a new passport)*

Name: \_\_\_\_\_  
*(EXACTLY as it appears on your passport)*

PP #: \_\_\_\_\_

PP Expiration Date: \_\_\_\_\_  
*(passport must be valid for 6 months past trip return date – if it is not, you need to get a new passport)*

HOTEL ROOM PREFERENCES	
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- Double Room – with spouse
- Double Room – with family member/friend  
Name of roommate: \_\_\_\_\_
- Triple Room - with family/friends  
Roommate #1: \_\_\_\_\_  
Roommate #2: \_\_\_\_\_
- Shared Double/Triple - I need to be paired with a roommate(s)
- Single Room – I want a room by myself **(adds \$745 to cost of trip)**

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- Double Room – with family member/friend  
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- Shared Double/Triple - I need to be paired with a roommate(s)
- Single Room – I want a room by myself **(adds \$745 to cost of trip)**

EMERGENCY CONTACT	
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Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

\*\*Please mail this along with main registration form \*\*

Thank you!! Email us with any questions you may have -- [contact@ExpeditionBibleTours.com](mailto:contact@ExpeditionBibleTours.com)