*** HOPE FOR ISRAEL***

**PASTOR' SOLIDARITY TOUR 2019**

**RESERVATION FORM**

**(One Form per Person or Family)**

**Name as it appears on your passport – for ticket purposes**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **First & Middle Name** | **Last Name** | **Passport No.** | **Issuing Country** | **Expiration Date** | **Date of Birth** |
| **1.** |  |  |  |  |  |  |
| **2.** |  |  |  |  |  |  |
| **3.** |  |  |  |  |  |  |
| **4.** |  |  |  |  |  |  |

Name you wish printed on your Tour Badge Flight departure other than JFK

Mailing Address (P.O. Boxes) City State/Province/Territory Zip Country

Home Phone – include area code Cell Phone – include area code

E-Mail Address

All written correspondence will be sent via electronic means, unless otherwise requested.

Name of Desired Roommate Single Room – Yes or No

**PLEASE READ CAREFULLY!**

We ask that all payments be made by check (via mail). Please make checks payable to *Hope for Israel* (Memo: FAM Tour) and mail it along with your signed reservation form to *Hope for Israel*, 925 N Courtenay Parkway, Suite 19, Merritt Island, FL 32953-4559. *Your space on the tour is not guaranteed until both reservation form and fee have arrived at the HFI office.*

**In case of inquiries, please contact Patty Stallard at 321.449.8671, or e-mail us at tourisrael@hope4israel.org.**

Enclosed is my/our reservation fee check of $200.00 per person.

I/we have read and accept the “Terms and Conditions” for the “FAM Tour 2019” Tour.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**We will notify you by December 1, 2018 if there will be further fuel surcharges.**

Rates are from JFK. Departures from other cities may vary. Please call for prices.

***No reservations will be made until both payment and signed reservation form have been received.***