

REGISTRATION FORM
FAM Pastors' Solidarity Tour of Israel
\$1,995 per person/double room
January 8 - 18, 2020

Please print information exactly as it appears on your Passport. ***Attach a copy of the picture page of your passport***	
Name on Passport:	
Preferred Name or nickname:	
Passport #:	
Expiration Date:	(Must be valid through July 19, 2020)
Date of Birth:	Place of Birth:
Address:	
City:	State: Zip Code:
Phone (Home or Work):	Cell:
Email:	
Emergency Contact Name:	Phone:

- I request a single room (\$375 additional charge): Yes___ No___
- I will be sharing a double room with: _____
 - Two twin beds or a double bed
- On the plane, I prefer ___aisle ___middle ___window ___I don't care 😊

To secure your spot, mail this Registration Form, copy of your passport, and a \$200 (non-refundable) check made payable to: **Hope for Israel** (please put FAM on the memo line)

Mail to:
 BJ Massa
 5353 Space Center Blvd #802
 Pasadena, TX 77505

*Once your payment is processed, you will receive a confirmation email.

Signature _____