

Journey of Faith Israel Trip – from Denver, Nov. 10th, 2009 – Nov.19th, 2009

Travel Registration Form

For us to have complete information, please fill out all applicable fields.
One registration per individual, please (copy as needed).

Personal Information:

Full Legal Name: _____
(Name must match what appears on your passport.)

Church / School (if applicable): _____

Mailing Address: (must be physical address) _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Preferred email: _____

Referred by: _____

Special Meal Request: None Vegetarian Low Sodium Other: _____

Seat Preference: Window Aisle-side Aisle-center Other: _____
(Exit rows and bulkhead seating cannot be pre-assigned. They must be requested at check-in.)

Special Medical Needs: None Other: _____

Allergies: _____

Emergency contact name: _____

Address: _____

Phones: hm: _____ cell: _____

Rooming Options:

Preferred Roommate's Name: _____
(This person must also list you on their registration form.)

Passport information: Please send a copy of your passport to our office by fax, email or mail.
Also, please provide the following information with this registration.

Name on Passport: _____ Passport Number _____

Issue date: _____ Place of Issue: _____

Expiration date: _____ Date of Birth: _____

Passport Application in Process

All space is on a first come first serve basis. Minimum deposit is \$750.00 (non-refundable)
per person due no later than April 05, 2009 (cancellation penalties apply).

Enclose this form with either a check, made payable to **imtravel** or
complete the credit card authorization form. **fax or mail to:**

imtravel • Attn: Shane • 5527 N Union Ste 101 • Colorado Springs CO 80918
phone 719-597-0004 / fax 719-597-0637

Please check appropriate box: Check Enclosed Credit Card Authorization