

Print this form and return by mail with deposit. Only 37 places are available on a first-come,-first-serve basis.

Registration Form
Pilgrimage to Israel
St. James' Episcopal Church
February 1 - February 11, 2009

Name: Last, First MI	Street Address: City, State, Zip
<div style="display: flex; justify-content: space-around;"> Phone numbers </div> <div style="display: flex; justify-content: space-around;"> Day Evening </div>	E-mail address

Person to contact in an emergency _____

Phone _____ E-mail _____

- Double Occupancy \$3200.00 (USD)
- Single Occupancy (add \$550.00)
- I would like to purchase travel insurance.

Medical Needs

Are there any medical or physical needs of which the tour leaders need to be aware?

- No
- Yes (Please explain)

Briefly describe the experience you are expecting, please.

Briefly describe any concerns you may have about your pilgrimage to Israel, please.

Payment (USD)

Deposit due no later than August 1, 2008	\$500
Remainder due in full due October 1, 2008.	\$2,700
Total charge for the pilgrimage	\$3,200
For Single Occupancy add a surcharge of	\$550

Total remittance with this registration _____

Total remainder due no later than October 1, 2008 _____

Make checks or money orders payable to
St. James' Episcopal Church for Pilgrimage to Israel
161 Church Street, NW, Marietta, GA 30060
 Charge cards cannot be accepted.

I understand that the organizers of this pilgrimage are not responsible for acts of God or disturbances beyond their control. I further understand that the deposit is non-refundable and that after October 1 the air fare is non-refundable. A name change on my air line reservation will incur a surcharge.

Signature _____ Date _____

**For further inquires please contact Dr. William Johnson at
israelfeb1@gmail.com**