Application form for September 3-13, 2017 tour of Israel

1. Please fill out and sign one application **per person** traveling.

2. Mail this completed application form to the address below, and attach a check or money order for $500 or more, per person traveling. See the terms and conditions for our schedule of payments. **Make checks or money orders out to “Experience Israel Now, Inc.” or “EIN.”** Mail to:

Experience Israel Now, Inc. (Or “EIN”)

164 Old South Way

Fort Valley, GA 31030

3. If you already have it, include a photocopy of your Passport or the required information listed in the Terms and Conditions. Passports must be valid for six months beyond our travel dates. If you don’t have a Passport, include a note of when you anticipate receiving one. If you prefer, you may e-mail a digital copy of your passport. **Do not wait** on the arrival of your passport before sending in this signed application. Spots are reserved based upon received deposits and applications.

4. Keep a copy of your application form and all checks for your records.

5. Remember that this trip is reserved for members of Southside Baptist Church until Jan. 1, 2017.

6. Get ready for a great tour!

Name **exactly** as written on Passport: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name you prefer being called: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you a member of Southside Baptist Church?  Yes  No

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

City, State, Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Best phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**E-mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**Preferred roommate (if any):**   I’ll pay the single-room

 supplement of $750

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

 **I have read and agree to the terms and tour conditions of this trip. (Application is not complete until box is checked.)**

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Signature of traveler