

RESERVATION PAGE
HLST MINISTERIAL FAM – 2011

Please reserve _____ places on this pilgrimage. Enclosed please find a deposit of _____ (\$350.00 per person) made payable to *Holy Lands Sun Tours*. Also enclosed please find an insurance payment of _____ (\$175.00 per person) made payable to *Isramworld* as protection against trip interruption based on medical emergency. Kindly note that trip insurance is optional & non-refundable (See Terms).

IMPORTANT: PASSPORTS MUST BE VALID FOR AT LEAST 6 MONTHS FROM THE DATE OF TRAVEL OR YOU WILL NOT BE PERMITTED TO BOARD YOUR FLIGHT.

PLEASE, PRINT CLEARLY USING BLOCK LETTERS.

FIRST / LAST NAME AS IT APPEARS ON YOUR PASSPORT

FIRST / LAST NAME AS IT APPEARS ON YOUR PASSPORT

ADDRESS

ADDRESS

CITY STATE ZIP

CITY STATE ZIP

OFFICE #

HOME #

OFFICE #

HOME #

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ROOMMATE NAME:

MEDICAL CONDITIONS OF WHICH WE SHOULD BE AWARE OF:

MEDICAL CONDITIONS OF WHICH WE SHOULD BE AWARE OF:

EMERGENCY CONTACT & PHONE:

EMERGENCY CONTACT & PHONE:

PREFERRED FIRST NAME ON BADGE: _____

PREFERRED FIRST NAME ON BADGE: _____

E-MAIL: _____

E-MAIL: _____

Terms and Guidelines

Please Note:

- 1. Although a prompt submission for this form is very important, it is however not the sole criteria for participation in this FAM tour.**
- 2. Please do not make any connection flight arrangements prior to receiving written confirmation for your participation.**
- 3. Accommodation is based on Twin Occupancy. Single rooms are based on availability at an added cost.**
- 4. The tour includes walking and light hiking along uneven paths and trails. Reasonable physical fitness is required.**
- 5. Cancellation policy: In the event of guest cancellation before or on October 1, 2010 a refund in full will be made with the exception of a \$125 administrative charge. Cancellation on or after October 2 will incur lost of deposit (\$350). Travel insurance is optional but highly recommended for \$175 payable to *Isramworld*.**
- 6. Itinerary is subject to change without prior notice.**
- 7. Travel documents will be sent approximately 14 business days prior to departure, to the address on file. It is the guest's responsibility to advise us if a different address is preferred for delivery.**

8. Portorage of one (1) piece of luggage per person, maximum 50 lbs. is included at the airport and hotels.
9. Final payment is due November 1, 2010.
10. HLST will reimburse the base cost of the Minister's FAM Tour should you return to Israel with a group of 20 or more paying guests within twelve (12) months of this tour.

SIGNATURE _____

**SEND: FAM Questionnaire – Reservation Form – Copy of your valid passport (photo page) –
Copy of your ordination certificate – Deposit / Optional Insurance Payment(s) by check only.**

MAIL TO: Carol Egan • PO Box 306 • Maine, NY 13802

QUESTION: Contact Carol @ 607- 862-5033 • E-Mail: cegan@isram.com • c.egan.tours@juno.com

IF YOU DO NOT HAVE A PASSPORT AT THIS TIME, PLEASE SUBMIT THE RESERVATION NOW AND A COPY OF THE PASSPORT PHOTO PAGE UPON RECEIPT OF PASSPORT.



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