

VENTURA INTERFAITH MISSION APPLICATION FOR LAND ARRANGEMENTS - ROME / ISRAEL TOUR OCTOBER 15 - 27, 2018

PLEASE PRINT LEGIBLY AND SIGN WHERE INDICATED

PERSONAL INFORMATION

Participant 1:

Title	Full name <u>exactly</u> as appears on passport (Last, First, Middle)	Name as you'd like it on name tag

Male Female Date of birth MM / DD / YYYY Passport #

Passport expiration date* MM /DD/ YYYY Country of issue: Country of citizenship:

*** Note: Passports must be valid for at least six months beyond the return date of the trip.**

Participant 2:

Title	Full name <u>exactly</u> as appears on passport (Last, First, Middle)	Name as you'd like it on name tag

Male Female Date of birth MM / DD / YYYY Passport #

Passport expiration date* MM /DD/ YYYY Country of issue: Country of citizenship:

*** Note: Passports must be valid for at least six months beyond the return date of the trip.**

Participant 1

Street _____ Apt./Suite # _____

City _____ State _____ Zip Code _____

Home phone () _____ Work () _____ Fax () _____

Email _____ Cell () _____

Participant 2 (if different than participant 1)

Street _____ Apt./Suite # _____

City _____ State _____ Zip Code _____

Home phone () _____ Work () _____ Fax () _____

Email _____ Cell () _____ Fax:() _____

MEDICAL INFORMATION

Please print legibly

Participant 1:

Allergies: _____

Prescriptions: _____

Medication conditions: _____

Participant 2:

Allergies: _____

Prescriptions: _____

Medication conditions: _____

EMERGENCY INFORMATION

Participant 1

Name _____ Relationship _____
Address _____ City _____ State _____ Zip _____
Home phone () _____ Work () _____ Cell () _____

Participant 2 (if different from Participant 1)

Name _____ Relationship _____
Address _____ City _____ State _____ Zip _____
Home phone () _____ Work () _____ Cell () _____

ROOM ASSIGNMENTS

Room Type - Please check applicable boxes:

Double Room Single Room*

If you are requesting a double room, spouse/partner/roommate's name: _____

**Note: When possible we will attempt to find roommates if requested. However, if we are unsuccessful, you will be subject to the single supplement charges.*

I wish to attend Rome & Israel / I wish to attend Israel only

Signature: _____

Date: _____

PAYMENT OPTIONS

Please send application with your deposit of \$250 per person (\$50 is non-refundable) to:

CK Travel Services
14622 Ventura Blvd. #102-756
Sherman Oaks, CA 91403

Payment can be made by check payable and sent to CK Travel Services at:
14622 Ventura Blvd. #102-756 – Sherman Oaks, CA 91403

OR by credit card. If by credit card, please add 3% and go to www.cktravelservices.com
and click on **Payments Button**.