



# Hope & Help's Israel Bible Study Tour

## Registration Form

**Tour Dates:** Nov. 4-15, 2020

### Personal Information

Name (as it appears on your passport) \_\_\_\_\_

Name you go by \_\_\_\_\_

Date of birth \_\_\_\_\_ Male / Female Marital status \_\_\_\_\_

### Contact Information

Address  
Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_

Phone \_\_\_\_\_ Cell / Home \_\_\_\_\_

Email \_\_\_\_\_

### Passport Information

Passport Number \_\_\_\_\_ Expiration date \_\_\_\_\_

#### **IMPORTANT**

- If your **passport expiration date is less than six months** beyond the end date of the trip **Israel will not grant you an entry visa!** Renew your passport right away.
- **If you do not have a passport apply as soon as possible.** The process can take time and you do not want to miss the trip.

### Emergency Contact

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

**Health Information**

Present state of health: Excellent\_\_\_\_\_ Good\_\_\_\_\_ Poor\_\_\_\_\_

**IMPORTANT**

*This tour requires a lot of walking. If you are limited in your ability to walk you should not go on this tour.*

Are you presently under the care of a physician? Yes / No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Are you under any medical restrictions or do you have medical issues that would affect your participation in this trip? Yes / No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Please list all medications you are taking: \_\_\_\_\_  
\_\_\_\_\_

List any allergies you have: \_\_\_\_\_

Roommate request: \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_