

CCBF ISRAEL TOUR APPLICATION

Please complete and turn this into the church office

1. Full Name: _____

2. Home Phone # _____ 3. Cell Phone # _____

4. Email address: _____

5. Address: _____

6. Preferred method of communication: Phone _____ Email _____ Text _____

7. Home church: CCBF _____ Other: _____

8. Travelling with: Spouse _____ Family (how many) _____ Single _____ Friend _____

If traveling with a friend, rooms cannot be shared between single men and women.

9. Name(s) of people you would like to room with:

All rates are based on double occupancy rooms. More than 2 people are only allowed with parents and their minor children.

- _____
- _____
- _____
- _____

10. Medical or dietary concerns: No _____ Yes (explain) _____

*This is a walking tour. There are numerous stairs and uneven surfaces throughout the course of the trip.
Therefore it is not recommended for anyone with limited mobility.*

11. Require transportation to airport (additional cost): to LAX _____ from LAX _____

12. Please attach a color passport copy to this application

Office Use Only:

Received by: _____

Approved: YES # NO #

Date: _____

Pastor's Signature: _____