

REGISTRATION FORM
12 Day Israel Holy Land Tour
Texas Biblical Study Tour

Dr. Calvin M. Durham / Dr. Tim R. Barker

March 2-13, 2020

By submitting this registration form, I have read and agree to all terms and conditions set forth in the brochure and this form. I understand it is my responsibility to obtain any visas/re-entry permits necessary for this trip if I do not hold an American Passport.

Your Passports Must Be Valid 6 Months After Your Return Date!

PLEASE ATTACH A COPY OF YOUR PASSPORT TO THIS FORM

PLEASE PRINT

Last Name on Passport:	First Name on Passport:
Middle Name on Passport:	
Address:	
City/State/Zip:	Phone Number (including zip):
Email address:	
Passport number:	Country of issue:
Date of issue:	Expiration date:
Gender: M F	
My date of birth is (month/day/year):	Country of birth:
In case of emergency please contact (name & phone):	
Please choose one of the following:	
<input type="radio"/> I want to room with (give name):	
<input type="radio"/> I need a roommate	
<input type="radio"/> I want a Single Room (at additional \$500.00)	

A DEPOSIT OF \$300.00 PER PERSON - (SEE TERMS & CONDITIONS)

Please Make Checks Payable To: **Calvin M. Durham Ministries, Inc.**

Please Mail Checks, Registration Form, & Copies Of Passports To:

Calvin M. Durham Ministries, Inc

3376 FM 1956

Nocona, TX 76255