

Travel Registration Form

Host: Joseph & Emily Herrod

Preferred Departure City: _____ Departure Date: May 8, 2019

Passenger Names (as they appear on your passport)

1) Legal Name: _____

Birth Date: ___/___/___ Age at Departure: _____

Sex: Male Female

Preferred Name (Name-tag): _____

Email: _____ send me emails:

2) Legal Name: _____

Birth Date: ___/___/___ Age at Departure: _____

Sex: Male Female

Preferred Name (Name-tag): _____

Email: _____ send me emails:

Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____ Cell #: _____

Roommate(s) _____

Single room (availability limited)*:

Try to match me with a roommate*:

Emergency Contact: _____ Phone: _____

Travel Insurance Plan: : I/ We Accept

: I/ We Decline

1. Name of Beneficiary for insurance: _____

2. Name of Beneficiary for insurance: _____

FULL DEPOSIT OF \$500 PER PERSON

: \$500 per person : other amounts: \$ _____

Check #: _____ (payable to RHEMA International - 3731 Shipwatch Ln Knoxville, TN 37920)

To register via credit card you may call*: 865.567.7879

By signing below, I certify I have read the fine print, and agree to its terms as listed in the brochure.

Signature: _____

Signature: _____

*Single rooms must be supplemented with an additional \$750 payment.

*Traveler must send in a copy of passport with deposit or by final payment

*For travel insurance plan with cancellation place call 865.567.7879