

# SHALOM JOURNEYS

## REGISTRATION FORM

### Instructions (per household):

1. Please complete the entire "Registration Form (page 1 and 2 only)", including the "Credit Card Authorization" box on page 2 (if paying by credit card) and the terms and conditions on page 2 as well.
2. Return forms by either options below;
  - a) (if paying by check) please mail for with check payable to: "Shalom Journeys Inc" and mail to; 160 E 38<sup>th</sup> Street, Suite 35G, New York, NY 10016 or
  - b) (if paying by credit card) fax to: 917-338-7452 or scan and e-mail to: [shalom@shalomjourneys.com](mailto:shalom@shalomjourneys.com) or take a clear photo from your smart phone and email back to [shalom@shalomjourneys.com](mailto:shalom@shalomjourneys.com).

### (Section 1 – Tour specifics):

#### Please select:

Date: \_\_\_\_\_ No. of days: **13 days** Plan: \_\_\_\_\_

### Section 2 – Traveler/s information - same household:

Full Name	Passport#	Issue date	Expiry date	Birth-date	Gender M/F	Nationality
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1. \_\_\_\_\_  
(As it appears on the Passport)

2. \_\_\_\_\_  
(As it appears on the Passport)

3. \_\_\_\_\_  
(As it appears on the Passport)

ADDRESS: \_\_\_\_\_ APT # \_\_\_\_\_ CITY: \_\_\_\_\_ STATE/PROV.: \_\_\_\_\_ ZIP/POST: \_\_\_\_\_

PHONE HM: ( ) \_\_\_\_\_ CELL: ( ) \_\_\_\_\_ e-mail: \_\_\_\_\_

### Section 3 – Insurance Declaration:

**Insurance - Optional:** Insurance Package is highly recommended. Cost of Insurance is calculated by age and cost of trip and **must be purchased prior to full payment**. If you do not wish to purchase insurance, a waiver must be signed.

I have been offered insurance and decline its purchase" (Sign here please) \_\_\_\_\_



**Section 4 – Form of Payment/Authorizations:**

**CREDIT CARD AUTHORIZATION:**

I am a client of Shalom Journeys and hereby authorize Shalom Journeys and and/or their suppliers to charge my credit card for my trip in the amount indicated below (skip this section if paying by check).

Card Type:    Visa     MasterCard     American Express     or    Discover     (Please check one)

Credit Card #:  (if paying by credit card)

Expiration date:  (MM/YY)     (3 or 4 digit – security code)

Card Holder Name:

Amount Authorized:

Credit Card Billing Address:

City:     State:     Zip:

Tel:

Date:

*I have read the terms and conditions and fully understand and agree with its context.*

**<<< Sign Here**

**(Section 5 – Emergency Contact (friends and relatives):**

**NAME – Contact 1:** \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TEL. NO. (Home/Cell) \_\_\_\_\_ (Office) \_\_\_\_\_ (e-mail) \_\_\_\_\_

**NAME – Contact 2:** \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TEL. NO. (Home/Cell) \_\_\_\_\_ (Office) \_\_\_\_\_ (e-mail) \_\_\_\_\_

**NOTE:** The itinerary may change in sequence from time to time due to time and/or security restrictions.

I have read the "Terms and Conditions" enclosed on the following pages and agree with its terms.

Please sign: \_\_\_\_\_ Date: \_\_\_\_\_

