

Spiritual Israel Tour 2009

Shalom-Salaam-Peace-- The Unity of Oneness

Sponsored by the RavenHeartCenter—Boulder Colorado

REGISTRATION FORM

PASSENGER INFORMATION

(First, Middle and Last name must be as shown on passport)

Last name _____ First _____ Middle _____

Address _____

City _____

Telephone – Home () _____ Work () _____ Cell () _____

Fax () _____ Email _____

Emergency Contacts (2): Name: _____ Phone: _____

Name: _____ Phone: _____

AIRLINE REQUIREMENTS

If you are planning on flying to Israel with our group, please indicate if you will join the tour in Denver or Chicago. If you are making your own flight arrangements, please provide the details of your flight schedule below. **Please note: Our group will be arriving in Israel on Sunday afternoon, October 11 at 2:00PM. If you do not arrive with the group you will be responsible for making your own ground transportation arrangements to the Dan Panorama Hotel in Tel Aviv, or Cain Travel can assist you with a transfer to the Hotel in Tel Aviv. If you wish to make your own flight arrangements, you can consult with Linda Cain at Cain Travel to assist you with the least expensive flights to Tel Aviv.**

Traveling by air with the group: yes _____ no _____

If yes, joining the group in Denver: _____ Joining the group in Chicago: _____

United Airlines Frequent Flier Number: _____

Special requirements/Meals _____

Any additional comments _____

Seat request Aisle _____ Window _____ Seated with _____

If you are making your own travel arrangements to Israel please provide the following information:

Departure city _____ Departure Date _____ Time _____

Airlines and flight number _____

Return date _____ Time _____ Airlines and flight number _____

Any additional comments: _____

PASSPORT DETAILS

Passport number _____ Expiration Date _____
Date of issue _____ Place of issue _____
Date of birth _____ Nationality _____

ACCOMMODATION REQUIREMENTS

Double Occupancy (please check) _____
Roommate (please indicate if you wish a specific roommate) _____
Single Occupancy (Single room supplement is \$760.00) _____
Special requirements _____

TRAVEL INSURANCE

Do you wish to purchase travel insurance (highly recommended)? Yes / No
Date of Birth _____
If yes, do you want to take any expensive items with you on your trip that you also want covered?

Do you have any pre-existing medical conditions? Please note: _____

ANY OTHER REQUIREMENTS

PAYMENT INFORMATION

A deposit of \$500 (land package deposit only) is required to hold your reservation with “Spiritual Israel Tour 2009”. The balance of the payment (for the land package) is due by August 10, 2009 (60 days prior to departure). No refunds can be issued after August 10; if we receive a cancellation prior to August 10 the amount paid to date will be refunded minus a \$500.00 processing/handling fee for the tour operator. Cancellation penalties and airline ticket refunds will be made in accordance with rules of tickets purchased.

Check _____ Credit Card _____
Type of Credit Card (i.e. Visa, MasterCard, etc.) _____
Name on card _____
Billing address _____
Card Number _____
Expiration Date _____ Security Code _____

PLEASE MAKE CHECKS PAYABLE TO:

Cain Travel

3004 Arapahoe Ave

Boulder, CO 80303

Phone: 303-443-2246

lindac@caintravel.com

PLEASE MAIL COMPLETED APPLICATION TO:

The Ravenheart Center

3140 Stevens Circle South

Erie, CO 80516

Phone: 303-818-0575

Fax: 303-604-1411

Questions: Earl Backman (Earl@RavenHeartCenter.com)