

10-day Holy Land Tour

December 28, 2019 - January 6, 2020 with Dr. Bill & Deborah Bryan

Please fill in completely. Use full legal name as on passport (include middle initial or name if it appears)

Title: Dr./Rev./Mr./Mrs./Ms./Miss Full Legal Name(s) (as on passport)
1.
2.
Home Address
City
State Zip
Mailing Address (if other than above)
City State Zip
Phone H - ( ) W - ( )
Best time and place to call Cell ( )
Email
YES, please use email as primary means of communication.

Airline Security information:

Passport Number 1. Exp. Date
Passport Number 2. Exp. Date
The name on your air ticket must exactly match your name as it appears on your passport. You must forward a copy of the photo/informational page of your passport within two weeks of enrollment on the tour.
1. Date of Birth: Month Day Year
Place (City/State)
Nationality Male Female
2. Date of Birth: Month Day Year
Place (City/State)
Nationality Male Female

Arrange round trip air transportation from
Choice of roommate
Please match me with a roommate (if available)
I prefer a single room (supplement \$840)
Nametag Names 1. 2.
1. Occupation Hobbies
2. Occupation Hobbies
Emergency Contact/Relationship
Phones: Cell - ( )
H - ( ) W - ( )
E-mail
Medical emergency information (example: allergies, medication, etc.)
1.
2.

DEPOSIT
Enclosed is my/our deposit of \$500 per person (total \$ )
Enroll by June 28 receive the Early Bird Discount of \$100 per person on your final billing statement!
check enclosed or charge to my credit card:
Discover MasterCard Visa AMEX
Card #
Security Code Exp. Date
Name as it appears on card
Signature
Enrollment in and payment of deposit constitutes your acceptance of the Tour Conditions/Responsibility of Dehoney Travel, Inc. to provide this travel program.
Enroll by phone with credit card (800) 325-6708

Hosted by: Dr. Bill & Deborah Bryan

Allianz Travel Protection: Many U.S. health carriers do not provide benefits while outside the country and cancellation penalties can be substantial for many tours. For your own protection it is important that you have adequate insurance coverage in the event that you must cancel prior to travel or encounter illness or injury while overseas. Dehoney Travel, Inc. offers a Travel Protection Plan, TripCare, through Allianz Global Assistance. Please note, in order for the pre-existing clause to be in effect for this policy, your travel protection must be purchased in full within 14 days of the date on your tour deposit check or your credit card tour deposit being processed at Dehoney Travel. (Please check one of the following and sign where indicated.)
1. I am interested in purchasing travel protection through Dehoney Travel and Allianz Global Assistance. Please send me further information. I understand that travel protection will NOT be purchased on my behalf until I contact the Dehoney Travel office and speak directly with an insurance specialist.
OR
2. I would like to decline the optional insurance coverage.
Signature
For assistance in evaluating your insurance needs or if you have questions about this coverage, please call our insurance department at (812) 206-1080 or (800) 325-6708.