



**Jewish Grace Ministries Israel Tour  
Registration Form DFW  
March 20-30, 2024**

**Passenger One.** Please print your name exactly as it appears / will appear on your passport.

First Name \_\_\_\_\_ MIDDLE NAME \_\_\_\_\_ Last \_\_\_\_\_

Male  Female

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ Country \_\_\_\_\_ Phone (H) (\_\_\_\_\_) \_\_\_\_\_ (W) (\_\_\_\_\_) \_\_\_\_\_

Cell (\_\_\_\_\_) \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Country of Birth \_\_\_\_\_

Citizenship \_\_\_\_\_ Passport Number \_\_\_\_\_ Place of Passport Issue \_\_\_\_\_

Date of Issue \_\_\_\_\_ Expiration Date \_\_\_\_\_ TSA/Govt ID # \_\_\_\_\_

Roommate's Name \_\_\_\_\_

I need a roommate. I understand that JGM will try to find me a roommate however; this is **not** guaranteed and a single supplement will be added to my total trip cost if unsuccessful.

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

**IMPORTANT: Your passport must be valid for a minimum of six (6) months following departure from your foreign destination.**

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**Medical History----** be specific in case we may need to be of assistance to you.

Special medical condition(s) INCLUDE FOOD ALLERGY: \_\_\_\_\_

Disability or limitation: \_\_\_\_\_

Prescription medications: \_\_\_\_\_

Primary physician's name/phone number: \_\_\_\_\_

*“Those who refresh others will themselves be refreshed.” Prov. 11:25*



Passenger Two. Please print your name **exactly** at is appears / will appear on your **passport**.

First Name \_\_\_\_\_ MIDDLE NAME \_\_\_\_\_ Last Name \_\_\_\_\_

Male  Female

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ Country \_\_\_\_\_ Phone (H) (\_\_\_\_\_) \_\_\_\_\_ (W) (\_\_\_\_\_) \_\_\_\_\_

Cell (\_\_\_\_\_) \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Country of Birth \_\_\_\_\_

Citizenship \_\_\_\_\_ Passport Number \_\_\_\_\_ Place of Passport Issue \_\_\_\_\_

Date of Issue \_\_\_\_\_ Expiration Date \_\_\_\_\_ TSA/Govt ID # \_\_\_\_\_

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Special medical condition(s **INCLUDE FOOD ALLERGY**) : \_\_\_\_\_

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Prescription medications: \_\_\_\_\_

Primary physician's name/phone number: \_\_\_\_\_

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### PAYMENT INFORMATION

Enrollment in and payment of your deposit for the tour constitutes your acceptance of the conditions and statement of responsibility.

A non-refundable deposit of **\$300.00** per person is required to guarantee your space on the tour.

**Tour price Per person from DFW : \$ 3995.00**

**Based on Minimum of 20 paying travelers.**

Single supplement: **\$995.00**

\*\* IF Applicable airlines taxes & fuel surcharge will be adjusted at the time of ticketing.\*\*

Make checks payable: Jewish Grace Ministries, P.O. Box 153088, Arlington, Texas 76015.

Questions contact us at: [rob@jewishgrace.com](mailto:rob@jewishgrace.com)

**\*\*All Credit Card payments must add 3% charge to the amount per transaction to cover all transactions fees.**

**Credit Card Payments will be processed via Pay Pal. Visit [www.jewishgrace.com](http://www.jewishgrace.com) Israel 2023 page and and follow prompts.**

### Physical Requirements

Israel is not ADA compliant, and many tour sites require significant walking on uneven ground, up and down hills, and uneven stairs. To fully participate and enjoy this tour you must be in an adequate physical condition to walk 3-5 miles in a day under these conditions. Pacing of the group is consistently robust with very full and active days, early hotel departures on most mornings, and possible evening activities as well. Little free time may be available for rest and rejuvenation. Travel within the destination may be taxing and could include extended motorcoach time and numerous active walking tours.

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### Legal Terms

If any of your party is unable to keep pace with the group, you understand the group leader/host will recommend alternatives which may include missing significant portions of the itinerary. You understand the need to comply with directions of the group leader/host. You will not hold tour participants responsible for any portions of missed itinerary due to your party member's physical condition.

By completing this form, I agree that: Robert or Michele Pawley, Jewish Grace Ministry, Inc., Lake Church DFW, or Shlomi Carmel (tour operators) and their agents act only in the capacity of agents in all matters, and as such, are not responsible or liable for loss, damage theft of luggage or personal belongings, personal injury accidents or illness. Furthermore, tour operators are not responsible, nor liable, for any damage, expense, or inconvenience caused by late plane arrival or departure or by any change of schedule or other condition, nor the loss of or damage to any person or property from any cause whatsoever. The sponsoring organization reserves the right to withdraw the tour at any time or make changes in the published itinerary whenever in their sole judgment conditions warrant, or if they deem it necessary for the comfort, convenience, or safety of the tour. Services of any regularly-scheduled jet carrier may be used on this tour.

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**Travel Insurance**

We recommend the purchase of travel insurance (trip cancelation), as well as any medical insurance needed for travel. Your current health issuance should be verified for coverage abroad, for you and or dependent traveling.

Please make sure you understand all the information pertaining to this insurance including but not limited to; How to file claims, numbers, address, email contacts as well as all medical procedures including its COVID -19 policies.

**Cancellation policy:**

All cancellations must be received in writing. No cancelation penalties for land or group air arraignments shall be incurred for cancelations received more than **91 days** prior to departure (**except non-refundable deposit**). Cancelations received within **91** days of departure are **non- refundable**. No refund made for missed services while on tour.

**Payment of deposit by tour participants indicates acceptance of all terms and conditions and have received a copy of all terms and conditions.**

**If using registration form for only 1 Passenger, you must put n/a in signature space for passenger 2.**

Signed Passenger #1 \_\_\_\_\_ Date: \_\_\_\_\_

Singed Passenger #2 \_\_\_\_\_ Date: \_\_\_\_\_

Please also enclose a photocopy of the picture page of your passport . . . or send it as soon as you get your new passport!

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