You are required to fill out completely this enrollment
form at the time you submitt your request for the proper
processing of your request. The contracted Tour E
Operator might require you to fill out a second T S
oprollment form for final processing

## **ENROLLMENT FORM**

Please print legibly, complete all that apply, submit a photocopy of your passport and mail with your deposit or payment, payable to Apostolic Ministries of America, Inc. 1422 Norwood Avenue, Titusville, Florida 32796

Questions or inquiries can be directed to: 321 269 4349, or (321) 383-3020- Attn: Israel Accounting Group

http://www.apostolic-ministries.net/israel/tour.html

Group Participant Name or nick name (Dr./RN/Rev./Pastor/Esq./Mr./Jr./Mrs./Ms.): Status: Sex: Birth Date (Month/Date)

Group Participant Name or nick name (Dr./RN/Re	v./Pastor/Esq./Mr./Jr	./Mrs./Ms.):	Status:	Sex:	Birth Date (Month/Day/Year)	
			[ ] Married [ ] Single	[ ] Male [ ] Female		
Name as Appears exactly on Passport: First	Midd	lle	Last	Passport Number:		
Issued at (City, State or Province, Country):	Issue Date (Day/Month/	/Year) Exp	iration Date (Day/Month/Year)	Place of Birth (City, Star	te or Province & Country):	
Room Occupancy  [ ] I Prefer a Single Room.  (single supplement applies)  [ ] I wish to Group I	o share a room with a	a 'í	Will Share a Room with Anothe	er Group Participant, Relative,	Spouse and/or child:	
Occupation: Special Requests (Kosher Meal, any Health Condition, medical needs like Oxygen, Wheel Chair assistance, Smoking or Non-smoking room):						
Address	City	(5)	State or Province ZIP code	e-mail		
Home Phone	Office or Mobile	Phone	F	ax Phone		
Itinerary Selection:	/ /	EMERGEN	NCY CONTACT INFORMAT	rion:		
Apostiol Ministries   September 4, 2010     Israel Tour for 10 days / 9 nights: November 1-11, 2015     Relationship:						
3 Nights in Tiberius, 1 Night Dead Sea, 5 Ni	ghts in Jerusalem.	Phone:				
Hotels, Transportation, Attractions, Tour Guide, Some Meals						
Departing Airport: MCO – TLV. Arriving Airport: TLV - MCO If interested in Travel Insurance, please visit http://www.aig.com						
Land and Air Tour Cost \$3,449 per person.  Single Supplement Fee (Single Room): \$580.00						
Payment Amount Enclosed in USD \$ and [ ] Final payment before Sept. 01,	tor [ 2015. Form	of Payme	ent [ ] Check [ ] Cre	t, [ ] \$250.00 Secor dit Card [ ] Cash	id Deposit; 30 days,	
Credit Card Authorization for the Depos	it: I Authorize	Apostoli	c Ministries of Americ	a, Inc. Charge my Cr		
CC Type: [ ] MC [ ] VISA [ ] AMEX Credit Card Number:						
Expiration Date:	Security Cod	e:	Amount \$		_	
<b>CHANGES:</b> Changes in writing are allowage until Oct. 01, 2015. Any change after	wed until <u> <b>Sept. 0</b></u> r Oct. 01, 2015 v	<b>11, 2015.</b> 0 vill be issu	Changes after Sept. 0 ued a \$150.00 per cha	1,2015,         will incur ange fee. AMA will nc	ot be held	
responsible for any cancellation fees imposed by the vendors. The party responsible for cxl fees will be the client and/or agent.  CANCELLATION: Written cancellation must be received by Sept 01, 2015 Cancellation fees apply before departure dates as						
following; 60 +Days prior \$200.00 Fee, 45-59 days prior 15% Fee, 31-44 days prior 25% Fee, and 30 days or less prior 100% Fee						
C	ENEDAL TI	PMC	AND CONDITI	ONS	08/03/07	
All the terms and conditions of contract and herein by reference. Prices and air arrangen ltinerary/hotels/guides are subject to change and non transferable. I understand and ha Travel Proposal (Quote), Enrollment Form, Travel, Cancellation Fees and Changes Porepresentative acting as agent for hotels, ai services. Contracts and tickets are issued s by such vendors or contractors. Apostolic Noss or injury or damages to person, baggag of governments or other authorities, wars epidemics, quarantines, custom regulations, Ministries of America's control, or for loss of payment constitute your acceptance of the tour operator is solely responsible for the trail understand and agree to the above and	arrangement are senents are subject to (hotels of similar over ead this document of the read the	set forth in change. Class may ment and , Terms a finistries o nies, or ow all tariffs, t issociated erwise in ced or undations of cg from imions of ApTBA Tour C	a the Term and Condition Airfare is subject to chat be used without notice), attachments (which included Conditions, Airline of f America, Inc. or its tra- wners or contractors proverms and conditions under representative shall not connection with any serval leclared, hostilities, stri- or changes in itinerary or proper passports, visas ostolic Ministries of Ame Operator shall be register	ns Sheet attached here ange until final payment. In most instances the udes the Apostolic Mir Supplemental Terms a evel agent/tour operator viding accommodations der which any services to be or become liable cices resulting directly cices, riots, civil disturb schedules or from any or other documents. Fica, Inc. and/or its Liced with the State of Flo	t, due to fuel surcharges. money is non refundable nistries of America Group nd Conditions for Group or all associated agents/ s, transportation or other whatsoever are provided or responsible for any or indirectly from any acts bances, thefts, pilferage, y causes beyond Apostolic Enrollment and/or any ensed Tour Operator. AMA's	
i understand and agree to the above and	u attached terms	a condit	ions of this tour. Date	(wontn/bay/Year):		
Group Participant Signature						
Group Participant name:Charles F. Wall	ker-Apostolic Ministri	es <u>of Ameri</u> Please pri	ca, Inc. nt legibly			