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# Expedition to Biblical Jordan & Egypt

June 9 – 23, 2019

**Package: \$5,150 P/P (Adults)** (+\$800 single supplement if applicable)

**Deposit of \$500 due: with application or by Nov. 30, 2018** (paid to Gospel Travel)

**50% deposit of \$2,225 due:** (paid to Gospel Travel) **Feb. 22, 2019**

**3<sup>rd</sup> Installment of \$1,525 due: April 5, 2019** (paid to Gospel Travel) **Final payment of \$900 due: April 19, 2019** (paid to Stefanie Elkins)

# of persons \_\_\_\_\_ Adults      Deposit (per person) \$500 x (# of adults) = \$ \_\_\_\_\_      **Total Enclosed:** \$ \_\_\_\_\_

**\*If you are interested in travel insurance, please check here and Gospel Travel will contact you.**

**Deposit Payment method:**  Check – payable to Gospel Travel     Mastercard     Visa    \*3.4% PayPal (please call to give CC info)

**Please email this form along with the signed Terms & Conditions and Assumption of Risk & Hold Harmless forms to:  
Wanda at [wanda@gospeltravel.net](mailto:wanda@gospeltravel.net)      \*Please include a digital scan of your passport**

**\*Payments to Stefanie Elkins/Timeless Tours are to be by check (Elkins-Bates, 3549 North 5<sup>th</sup> St., Niles, MI 49120),  
or by PayPal at [paypal.me/timelesstours](http://paypal.me/timelesstours)**

## Passenger 1

First/Middle \_\_\_\_\_

Last \_\_\_\_\_

Nickname (if applicable) \_\_\_\_\_

Passport # \_\_\_\_\_

Issuing country of passport \_\_\_\_\_

Passport issue date (M/D/Y) \_\_\_\_\_

Exp. Date (M/D/Y) \_\_\_\_\_

Date of birth (M/D/Y) \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

Emergency contact (not traveling) \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

## Passenger 2

First/Middle \_\_\_\_\_

Last \_\_\_\_\_

Nickname (if applicable) \_\_\_\_\_

Passport # \_\_\_\_\_

Issuing country of passport \_\_\_\_\_

Passport issue date (M/D/Y) \_\_\_\_\_

Exp. Date (M/D/Y) \_\_\_\_\_

Date of birth (M/D/Y) \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

Emergency contact (not traveling) \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Name of roommate(s) if on separate form \_\_\_\_\_

Room (check one):  Double (1 bed, 2 people)     Single (1 bed)     Twin (2 beds, 2 people)     Triple (3 beds, 3 people)

\_\_\_\_\_  
**Passenger 1 signature**

\_\_\_\_\_  
**Passenger 2 signature**