

ENROLLMENT FORM – VISION 2020...COME AND SEE

(One Enrollment per Applicant)

Name as it appears on your passport _____

Mailing Address _____

City _____ State / Prov. _____ Zip Code _____

Phone _____ Email _____

Tour Host _____ City of departure / Domestic Gateway _____

I prefer a single room throughout. Supplement: Israel - \$750.00, Greece: \$540.00. Yes _____ No _____

My roommate _____ I do not have a roommate – I need one for this trip. Yes _____

Preferred name for tags/badges/rooming list _____ Gender _____

My food preference or allergies (Please explain) _____

Are there foods you cannot eat? _____

I experience motion sickness (Greece Extension – Ferry Boat ride) Yes _____ No _____

Other _____

Do you smoke? Yes _____ No _____ If yes, you must be willing to smoke outside only

Are you taking any medication? Yes _____ No _____ If yes, take prescription along with required medicine(s)

Anything else (handicaps / difficulty walking, etc.) _____

Emergency Contact _____ Relationship _____ Phone _____

INFORMATION REQUIRED FOR ALL APPLICANTS – PLEASE PRINT CLEARLY

Complete the Enrollment Form and mail the completed form with your Deposit to your Tour Host as soon as possible.

Name as it appears on your passport _____ Date of Birth _____

Passport Number _____ Issuing Authority _____ Nationality _____

Date of Issue _____ Date of Expiration _____

To enter Israel, your passport expiration date must be later than April 1, 2020

Place of Birth (City/Province/State/Country) _____

Profession / Occupation (former, retired, etc.) _____

Mail your completed Enrollment Form with a Non-refundable Deposit of \$500.00 and a **colored copy of your Passport** by **Friday, May 1, 2020**.

Final payment must be made by August 1, 2020

All checks are made payable to HARVEST CHAPEL



Harvest Chapel – 6947 York Road – Abbottstown, PA 17301 – 717-624-1613

Credit Card payments payable online @ harvestchapelpa.com. Add a 3% credit card fee.