Dehoney Travel, Inc.

Enrollment Form

5/6/14
#542
EBD

10-day Holy Land Tour

December 29, 2014 - January 7, 2015

with Dr. Wayne VanHorn

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

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.**

Arrange round trip air transportation from_____

airport which is nearest my hometown.

Choice of roommate _____

❑ Please match me with a roommate (if available)

❑ I prefer a single room (supplement $650).

Nametag Names 1. _____

2. _____

1. Occupation _____ Hobbies _____

2. Occupation _____ Hobbies _____

Emergency Contact/Relationship _____

Phones: H - (_____) _____ W - (_____) _____

Cell - (_____) _____

E-mail _____

Medical emergency information (example: allergies, medication, etc.)

1._____

2._____

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. If applying for a new or renewed passport, send the copy as soon as you receive your new passport.*

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

DEPOSIT

Enclosed is my/our $_____ deposit ($500 per person)

__ prior to June 30 to receive the Early Bird Discount

__ after June 30 (Early Bird does not apply)

Enclosed ❑ check or ❑ charge to my credit card:

__ Discover __ MasterCard __ Visa

Card # _____ 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. Wayne VanHorn

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 your tour deposit being processed at the Dehoney Travel office. (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.

Make check payable to and mail enrollment to:

Dehoney Travel, 3008 Charlestown Crossing, New Albany, IN 47150