**2025 REGISTRATION FORM**

***Mark your tour group***

**\_\_\_\_**Group 1 - Israel Only Tour \_\_\_\_Enclosed is my $100 per person with registration form

\_\_\_\_Group 2 – Israel & 7 Day Greek Isles Cruise \_\_\_\_Enclosed is a required photocopy of my passport

\_\_\_\_Group 3 – 7 Day Greek Isles Cruise Only which is valid 6 months beyond tour date.

\_\_\_\_Group 4 – Land package Only for Israel *\*If you are in the process of obtaining your passport, kindly*

and/or 7 Days Greek Isles Cruise *submit this registration form to hold your place.*

**PASSENGER #1 INFORMATION**

Legal First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Middle: \_\_\_\_\_\_\_\_\_\_\_\_\_Last: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Name must be exactly as it appears on your passport***

Preferred Name (Nickname for badge): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_Male: \_\_\_Female Date of Birth (month/day/year) \_\_\_\_\_\_\_\_\_\_\_ I am a citizen of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State: \_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (print clearly) Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Passport #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Place of Issue of Passport: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiration date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CREDIT CARD PAYMENT INFORMATION**

\_\_\_Group 1-Israel Only \_\_\_Group 2-Israel & 7 Day Greek Isles Cruise \_\_\_\_ Group 3-Scotland Only

\_\_\_\_VISA              \_\_\_\_MASTER CARD              \_\_\_\_DISCOVER \_\_\_ AM X

Credit Card #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Security Code\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name as appears on card: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address card is billed to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Amount to be charged to this card: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**METHOD OF PAYMENT**

Make checks payable to: (Checks or Credit Card)

Christ For the Nations Israel and/or 7 Day Greek Isles Cruise Tour

Attention-Marianne Allen

3404 Conway Street – Dallas, Texas 75224

Pay by phone call: (214) 302-6215

Email: cfnitours@cfni.org

**MEDICAL ISSUES OR DISABLITIES**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**EMERGENCY CONTACT:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: (Print clearly) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ACCOMMODATIONS**

\_\_\_\_ Request Single room at a supplement of $1,675.00

(Single room limited)

\_\_\_\_I would like to share a room with: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_Please assign a roommate. (Quoted tour price based on double occupancy)

See “Hotel Accommodations” section on Terms and Conditions page

Age range: \_\_\_\_16-21 \_\_\_\_ 21-35 \_\_\_\_ 36-50 \_\_\_\_ 51-65 \_\_\_\_ \_\_\_\_66 and over

\_\_\_\_I am traveling with others on this trip - Please provide names:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**LAND PACKAGE ONLY**

* If you choose Israel’s “Land Package Only”, you are responsible for your own air travel to and from Israel. In addition, you will be responsible to arrange your own private transportation to join the tour group in transit or at the hotel location. You can take a local taxi to your destination. Taxis are expensive and will run around $150 US from airport to hotel to the hotel in Israel.
* If you choose Israel & Scotland “Land Package Only” options, you are responsible for your own air travel to and from the Israel and Scotland. In addition, you will be responsible to arrange your own private transportation to join the tour at our departure for the cruise. You can take a local taxi from the airport to the departure port and ship dock. Taxis are expensive and will run around $170- $200 for each trip.

**INITIAL BLANK BELOW**

\_\_\_\_\_I attest that the name provided for passport is as it appears on the passport and understand that costly name change fees will be incurred if incorrect. I understand that passport cards are not valid for international travel.

\_\_\_\_\_If I am not a US citizen, I understand that CFN is not responsible to provide necessary travel documents, such as VISA or TRANSIT VISA. It is my responsibility to check with the consulate of each country that I am visiting and obtain any necessary paperwork required to enter those countries.

**AGREEMENT**

By signing below, I/We certify that I have read the “Fine Print,” understand its content, and agree to its terms including but not limited to the potential for price increases that may apply before payment in full has been received as set forth in the “Fine Print” and potential price increases after payment in full has been received due to government imposed taxes and fees.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Make a copy of your Registration Form, Passport photo page and payment check for your records. The finance department will send you a receipt for your payment.