

REGISTRATION FORM

**I WILL BE JOINING PASTOR CHRIS' PILGRIMAGE TO ISRAEL
APRIL 30 – May 10, 2012**

NAME _____
(as it appears on your passport)

ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

HOME PHONE _____ **CELL** _____

E-MAIL ADDRESS _____

AGE _____ **OCCUPATION** _____ **SMOKER** **YES** **NO**

ROOMMATE NAME _____

I PREFER A SINGLE ROOM FOR AN ADDITIONAL \$598 _____

ENCLOSED IS MY CHECK FOR MY DEPOSIT (\$300/PERSON) _____

Make checks payable to: AMI TRAVEL ESCROW ACCOUNT

Travel insurance information will be sent to you along with a receipt for your deposit.

I have read the Responsibility and Consumer Disclosure section of this brochure and understand the cancellation policy. I understand payment is due in full by March 16, 2012. I also understand that I am responsible for adequate personal and medical insurance.

Signed

Mail this form and deposit to:
Pastor Chris Manke
St. Matthew's Lutheran Church
1615 N. Wauwatosa Avenue
Wauwatosa, WI 53213