

**REGISTRATION FORM FOR
Greece Tour, 2025
November 3-12, 2025
Hosted by Tony Rutherford**



- Trip Cost: \$5,000.00
- \$600.00 Non-refundable Deposit due February 1, 2025
- \$600.00 Monthly Payments Due, Feb 1-Sept 1
- Final Payment Adjusted per Final Trip Cost
- Copy of Passport Must be Provided

Make Checks Payable to: Sweetwater Baptist Association (SBA)

Return Form, Payments & Copy of Passport to:

Sweetwater Baptist Association, 696 Anderson St, Madisonville, TN 37354

Basic Information

Name *(as it appears on your Passport)* _____

Email Address _____

Mobile Phone Number _____ **Secondary Phone Number** _____

Mailing Address _____

City _____ **State** _____ **Zip Code** _____

Passport Details *Passport must be valid at least six (6) months following end of tour*

Nationality/Place of Birth _____ **Date of Birth** _____

Passport Number _____

If you are in the process of getting a new passport, please enter "being applied for".

Date of Issue _____ **Expiration Date** _____

If you are in the process of getting a new passport, leave blank

Emergency Contact Information

Emergency Contact Name _____ **Relationship To You** _____

Emergency Contact Phone _____

Emergency Contact Email Address _____

Miscellaneous

ACCOMMODATION/ROOMMATE _____

Pricing is based on two people per room. List your roommate here.

I PREFER A SINGLE ROOM (FOR AN ADDITIONAL CHARGE OF \$940.00)

NAMED BENEFICIARY *(required for Travel Insurance)* _____

***Please Note: Secondary Medical/Travel Insurance is provided as part of your trip.**

***Trip Cancellation Insurance is NOT provided, nor available through the Association.**

***Any coverage for Trip Cancellation Insurance would need to be secured independently by the traveler.**

CHURCH MEMBERSHIP OR CHURCH WHERE YOU ATTEND _____

Print Name

Signature

Date