

**REGISTRATION FORM FOR  
Holy Land Tour, 2022  
January 20-29, 2022**  
Hosted by Tony Rutherford



- Trip Cost: \$4,000
- \$400 Deposit Due Feb 1, 2021
- Monthly Payments Available
- 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 \$800)

**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 WHERE YOU ATTEND** \_\_\_\_\_

Print Name

Signature

Date