

June 24-July 1, 2020 Washington DC

Vacation With A Purpose Package

Registration Form

please complete and email to pilar.ryan@jhm.org

Please select your Preferred Package *Space is limited*
We will accommodate based on availability

SAN ANTONIO PACKAGE at \$1700 per person based on double occupancy

Includes Roundtrip Air from San Antonio, TX to Washington DC, Airport transfers, 7 hotel nights, 4 day American Biblical Heritage Tour, 4 boxed lunches, 3 dinners as noted, Sunday evening worship and church service, Registration to attend Christians United For Israel Summit June 29 & 30, & gratuities for tour guides and tour drivers.

I/We would like to use the church shuttle from the to airport and back.

Vehicle Make _____ Model _____ Color _____ License Plate# _____

LAND PACKAGE at \$1300 per person based on double occupancy

Includes 7 hotel nights, 4 day American Biblical Heritage Tour, 3 boxed lunches, 3 dinners as noted, Sunday evening worship and church service, Registration to attend Christians United For Israel Summit June 29 & 30, & gratuities for tour guides and tour drivers. *Airfare and Airport shuttle are not included in the Land Package*

Registrant Information *List only persons staying in the same room*

Registrant #1: _____ Birthdate _____

First Name, Middle Name, Last Name

Birthdate

(Please list your legal exactly name as it appears on your Driver's License)

Social Security Number (required if we are granted a White House tour)

NICKNAME: Please list how you would like your name listed on your name badge if different from your legal name

Home Address _____ City _____ State _____ Zip Code _____

Email address _____ Cell Phone _____ Home Phone _____

Registrant #2: _____ Birthdate _____

First Name, Middle Name, Last Name

Birthdate

(Please list your legal name exactly as it appears on your Driver's License)

Social Security Number (required if we are granted a White House tour)

NICKNAME: Please list how you would like your name listed on your name badge if different from your legal name

Home Address _____ City _____ State _____ Zip Code _____

Email address _____ Cell Phone _____ Home Phone _____

Registrant #3: _____ Birthdate _____

First Name, Middle Name, Last Name

Birthdate

(Please list your legal name as it appears on your Driver's License)

Social Security Number (required if we are granted a White House tour)

NICKNAME: Please list how you would like your name listed on your name badge if different from your legal name

Registrant #4: _____ Birthdate _____

First Name, Middle Name, Last Name

Birthdate

(Please list your legal name as it appears on your Driver's License)

Social Security Number (required if we are granted a White House tour)

NICKNAME: Please list how you would like your name listed on your name badge if different from your legal name

HOTEL Accommodations

Package pricing is based on double occupancy hotel accommodations (two people sharing a room with 2 Queen sized beds and a private bathroom)

Name of Roommate

I would like to be assigned a roommate. I understand that if a roommate cannot be confirmed prior to the tour or if CUFI is successful in finding a roommate but the roommate has to cancel, I must pay the single supplement cost of \$731.50

Please note: Neither Cornerstone Church or Christians United For Israel assumes responsibility for roommate assignments that do not work.

I would like to have my own private room. Please charge me the Single Supplement fee of \$731.50

Please list any friends that you may be traveling with that are not rooming with you so we may group you on the same bus

CUFI Summit Breakout Session selection

Registrant #1: _____
Registrant #2: _____
Registrant #3: _____
Registrant #4: _____

Lunch Selection for Monday's breakout session lunch

Registrant #1:	<input type="checkbox"/> Turkey & Cheese	<input type="checkbox"/> Vegetarian
Registrant #2:	<input type="checkbox"/> Turkey & Cheese	<input type="checkbox"/> Vegetarian
Registrant #3:	<input type="checkbox"/> Turkey & Cheese	<input type="checkbox"/> Vegetarian
Registrant #4:	<input type="checkbox"/> Turkey & Cheese	<input type="checkbox"/> Vegetarian

Method of Payment

I authorize Christians United for Israel to charge my credit card for \$_____ Total
\$500 per person deposit Payment in Full
today and balance on May 7, 2020

Credit Card Number

expiration date

verification code

Name as it appears on credit card

Billing Address

City

State

Zip Code

I understand that a \$500 per person security deposit is non refundable

Signature

Date