

REGISTRATION FORM

Legal Name: _____
First/Middle/Last (As it appears on your passport)

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Work Phone: _____

Email Address: _____

Birth Date: ___/___/___ Age ___ M F

Emergency Contact: _____ Relationship _____

Complete this section if a Spouse or Child is Traveling with you.

Legal Name: _____
First/Middle/Last (As it appears on your passport)

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Work Phone: _____

Email Address: _____

Birth Date: ___/___/___ Age ___ M F

Your Roommate: _____

- Please try to match me with a Roommate
- I do request a single room @ \$55 per night.

Travel Protection Plan:

I/We (OPT OUT) of the Tour Protection Plan
(Maranatha Tours Inc. will automatically bill all passengers for travel insurance unless it is declined at the time of reservation or in writing by the participant.)

Important Information Regarding the Tour Protection Plan

1. Coverage begins when your premium payment is received by MTI (paid separately from the deposit & clearly designated as your tour protection premium).
2. Tour Protection coverage cannot be added after you have paid in full.
3. Premium is based on the Total cost of the trip and is non-refundable

Please Sign Me/Us up for:

TOUR # _____

Departure Date: _____

Pre-extension to: _____

Post Extension to: _____

TOUR HOST: _____

Reserve domestic air from _____

Enclosed is my/our \$ _____ deposit \$300 per person (non refundable)

Enclosed is my/our \$ _____ for (Travel Protection Plan)