

WESTERN DIOCESE OF THE ARMENIAN APOSTOLIC CHURCH
HOLY LAND TRAVEL
REGISTRATION FORM

Email, fax or mail the registration form to:
Western Diocese
3325 N. Glenoaks Blvd., Burbank, CA 91504
Fax: (818)558-6333
Email: info@armenianchurchwd.com

Legal Name: _____
(Title) first, middle and last name as it appears on your passport

Preferred Name: _____
if different than the above-referenced

Birth Date: ___/___/___ Age: _____ Gender: M /F
month day year

Nationality: USA ___ Other: _____

Street Address: _____

P.O.Box: _____ City: _____ State: _____ Zip: _____

Home Phone: Area Code(____) _____

Cell Phone: Area Code(____) _____

Email Address: _____

Emergency Contact: _____

Phone: _____ Relationship: _____

Name of Roommate: _____

OR

___ I want a single room (limited availability with a supplement of \$762.)



Travel Protection Plan:

___ **I/We Accept the Travel Protection Program**

___ **I/We Decline the Travel Protection Program**

Important information regarding the Travel Protection Program

- 1) Travel Protection Coverage cannot be added after you have paid in full.
- 2) Premium is based on TOTAL cost of trip and is non-refundable.
- 3) Coverage begins when your premium payment is made.



PAYMENT

Non-Refundable deposit of \$500 per person is required by December 15, 2011.

Final payment due February 1, 2012

COPY OF PASSPORT INFORMATION REQUIRED AT TIME OF DEPOSIT.

Payment By Check # _____ payable to:
Western Diocese at 3325 N Glenoaks Blvd., Burbank, CA 91504

Payment By Credit Card
Please Provide: Card Holder Name: _____

Card Type: Visa, MC, Discover, AMEX, Other

Card Number: _____ Exp. Date: ____ / ____
month year

Billing Address: _____
Street

City _____ State: _____ Zip: _____

Signature: _____

Signature: _____
minors require parental or guardian signature

Enrollment in and payment of deposit constitutes your acceptance of the "fine print."

PAYMENT BREAKDOWN

BASE \$ 4350.00 X _____ = \$ _____
number of people

SINGLE ROOM SUPPLEMENT \$ 762.00 X _____ = \$ _____
number of people

PETRA EXTENSION \$ 550.00 X _____ = \$ _____
number of people

INSURANCE Holy Land \$ 244.00 X _____ = \$ _____
number of people

OR With Petra \$ 269.00 X _____ = \$ _____
number of people

TOTAL DUE = \$ _____

Number of Passengers: _____

NAME OF PASSENGER 1.: _____

Mr. Mrs. Ms. Rev. Dr. first, middle and last name as it appears on your passport

Birth Date: ____/____/____ Age: _____ Gender: M /F
 month day year

Nationality: USA ___ Other: _____

NAME OF PASSENGER 2.: _____

Mr. Mrs. Ms. Rev. Dr. first, middle and last name as it appears on your passport

Birth Date: ____/____/____ Age: _____ Gender: M /F
 month day year

Nationality: USA ___ Other: _____

NAME OF PASSENGER 3.: _____

Mr. Mrs. Ms. Rev. Dr. first, middle and last name as it appears on your passport

Birth Date: ____/____/____ Age: _____ Gender: M /F
 month day year

Nationality: USA ___ Other: _____

NAME OF PASSENGER 4.: _____

Mr. Mrs. Ms. Rev. Dr. first, middle and last name as it appears on your passport

Birth Date: ____/____/____ Age: _____ Gender: M /F
 month day year

Nationality: USA ___ Other: _____

Please provide addresses for each passenger if different from the registrant.

ADDRESS

Street Address: _____

P.O.Box: _____ City: _____ State: _____ Zip: _____

Home Phone: Area Code(____) _____

*Every effort has been made to ensure the accuracy of this information. While you will see all the sites listed in the itinerary, **the order of sites and/or days and number of days may be altered** to accommodate changes in airline, hotel schedules and local conditions. Minimum of 10 passengers required to operate the optional Petra extension.*