



Know Thy Heritage, Inc.
Leadership Initiative "Explore & Live Palestine"



REGISTRATION FORM

To reserve your space on this unique tour, complete the form below and email it to the Pilgrimage/Tour Department at pilgrimage@hcef.org.

NAME(S) as they appear on passport	
Address	
Roommate (if determined)	
Daytime Phone No.	
Evening Phone No.	
Email Address	
Emergency Contact Name and Relation	
Emergency Contact Phone No.	
Name Requested for Name Tag	

Passport Information:

Name on Passport	
Birth Date	
Passport Number:	
Passport Country of Issue:	
Passport Date of Issue:	
Passport Date of Expiration:	

Bethesda, Maryland, USA

6935 Wisconsin Avenue, Suite 518

Bethesda, MD 20815

Office 301 951 9400; Fax 301 951 9402

Bethlehem, Palestine

296 Jerusalem Hebron Road

Bethlehem, Palestine

PO Box 14152, Jaffa Gate, Jerusalem

pilgrimage@hcef.org;
www.HolylandTours.ps



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Payment Information

- Single-occupancy accommodations, if available, cost an additional \$550.00. This single supplement must be specified at the time of registration.
- A deposit of \$ 750.00 must accompany this reservation form in order to secure your seat. The deposit can be sent at any time from opening of reservations until the deadline for full payment. Reservations are accepted until the Full Payment Deadline (May 31, 2019). Please keep in mind that if the reservation is turned in on May 31, 2019, the full payment will be required.
- Payment is accepted by credit card or by check
- Make Checks Payable to: HCEF
- Full Payment of \$1990.00 must be made by May 31, 2019.

Charge my Credit Card:

VISA MasterCard Discover American Express

Name on Credit Card _____

Card Number _____

Expiration Date __ / __ CVV # ___

Amount to Be Charged: _____

I acknowledge that I have read and understood the Pilgrimage General Conditions provided with this registration form.

Signature: _____ Date: ____/____/____

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