A picture containing text

Description automatically generated

**MDCI**

**Ralph and Mindy Seta**

**P.O.B. 5117 - Pahrump, NV 89041**

**661-317-0435**

**mindyseta@hotmail.com**

# **ISRAELI OFFICE**

**Yosef Rachamim (Rami) Danieli, Galilee**

**052 - 8460111**

**Holy Land Tour with Ralph and Mindy Seta – March 3-14, 2024**

**REGISTRATION FORM**

**Name** **(Exactly as appears on your passport)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_\_\_

**Phone Numbers:** Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of birth** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Sex**:** Male Female Smoker: Yes No

**Citizen of:** \_\_\_\_\_\_\_\_\_ **Passport number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of issue: \_\_\_\_/\_\_\_\_/ \_\_\_\_

Date of Expiration: \_\_\_\_/ \_\_\_\_/ \_\_\_\_\_\_\_\_\_\_\_Country Passport was issued: \_\_\_\_\_\_\_\_\_\_\_\_

**Roommate’s name (Optional):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Single/Private Hotel Accommodations** **(for an additional cost of $1300):** Yes No

**Special Requests/Needs/Medical Conditions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**In case of Emergency** Please Notify (Mandatory): Name: \_\_\_\_\_\_\_\_\_\_\_\_Address: \_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_

Home phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I understand that I am responsible for paying all necessary fees and dues by the appropriate deadlines.**

**I will not hold Tour Your Roots, Yosef Rachamim (Rami) Danieli, staff, representatives, or other agents involved in organizing different aspects of this tour, liable or responsible for, and hereby release them from, any and all deaths, injuries, accidents, illnesses, damage, medical bills, lost or stolen property, any unexpected changes that might occur due to Covid-19 crisis, or any other unexpected fees as they occur at any time during March 3-14, 2024. I agree to the tour’s terms and conditions in full and understand that *travel & health insurance policies are a must – especially due to Covid.***

**I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ confirm with my signature, that I have read and understand ALL of the foregoing terms and conditions and information regarding March 3-14, 2024 tour (**Including, but not limited to, the **“General Conditions”** form, the **“Tour Itinerary” &** the **“Important Information Before Traveling to the Holy Land”**), and I agree with ALL that I read!

**Signature: X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of custodial parent or legal guardian if under 18: X**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_