REGISTRATION FORM: Biblical Israel & Turkey hosted by Chris & Susanne Donaldson

NAME	ACCOMPANYING PARTNER (if applicable)
Preferred first name if different from passport:	Preferred first name if different from passport:
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Surname:	Surname:
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Title Mr/Mrs/Ms/Miss	Title: Mr/Mrs/Ms/Miss
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SINGLE / TWIN – 2 BEDS / DOUBLE – 1 BED	Age
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I would like to share twin room with	
Special requirements e.g., vegetarian	
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Lam not travelling with any other person but would like to	be matched up in a share twin if this is available, otherwise I
will pay the single supplement. (Twin share not guaranteed)	to materica up in a share twin in this is available, otherwise i
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If for any reason whilst travelling I elect to have a single roo	m (subject to availability) a single supplement will be
charged.	mi, (subject to availability) a single supplement will be
Medical conditions: If you are required to fill out a PRE EXISITING	G-CONDITION form on your medical insurance policy or have
any limitations on fitness, you must advise Innovative Travel.	s condition form on your medical insurance policy of have
Tour programmes always including walking over uneven ground	therefore it is assential to be able to walk a minimum of 1
km. If you have physical limitations, please state	
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ANYONE OVER 75 REQUIRES A CERTIFICATE FROM THEIR DOCTOR	
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To register: email <a href="mailto:info@innovativetravel.co.nz">info@innovativetravel.co.nz</a> and forward with a scan of the registration form. Or advise registration request by email and post form to PO Box 21 247, Christchurch 8013. Payment to: Westpac Bank 031592011439800 The Innovative Travel Trust Ac – ref: INOB142426 /your surname. . Interim deposit of \$4,000 due with your registration. . Final payment is due by 01 Jun 2023. Please read the tour itinerary for cancellation fees and other conditions. Refer to <a href="www.innovativetravel.co.nz">www.innovativetravel.co.nz</a> for general terms and conditions.