

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

<p>NAME Preferred first name if different from passport: Surname: Title Mr/Mrs/Ms/Miss Age SINGLE / TWIN – 2 BEDS / DOUBLE – 1 BED Your mobile number</p>	<p>ACCOMPANYING PARTNER (if applicable) Preferred first name if different from passport: Surname: Title: Mr/Mrs/Ms/Miss Age</p>
TAANZ Agency /Broker:	Their telephone
Travel agent/broker Email:	Client email
I would like to share twin room with _____ Special requirements e.g., vegetarian _____ <input type="checkbox"/> I am 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) <input type="checkbox"/> If for any reason whilst travelling I elect to have a single room, (subject to availability) a single supplement will be charged.	
<p>Medical conditions: If you are required to fill out a PRE EXISTING-CONDITION form on your medical insurance policy or have any limitations on fitness, you must advise Innovative Travel. Tour programmes always including walking over uneven ground; therefore, it is essential to be able to walk a minimum of 1 km. If you have physical limitations, please state.....</p> <p>ANYONE OVER 75 REQUIRES A CERTIFICATE FROM THEIR DOCTOR STATING THEY ARE FIT TO TRAVEL Innovative Travel will only accept clients with physical limitations if they do not inhibit another traveller. Final acceptance is subject to the approval of Innovative Travels medical advisors.</p>	
FLIGHT DETAILS: If travelling separately to the group Arrival date _____ Arrival Flight _____ Time _____ Departure date _____ Departure Flight _____ Time _____	
<p>PASSPORT DETAILS Please enclose a photocopy of your passport with reg form</p> <p>Nationality: _____ Passport No: _____ Date of Birth: _____ Date issued: _____ Expiry: _____</p>	<p>PASSPORT DETAILS Please enclose a photocopy of your passport with reg form</p> <p>Nationality: _____ Passport No: _____ Date of Birth: _____ Date issued: _____ Expiry: _____</p>
<p>CONTACT IN CASE OF EMERGENCY: Name/ Relationship _____ Tel No _____ Address _____</p>	
SPECIAL TOUR CONDITIONS : The tour is subject to a minimum of 12 participants, plus Chris & Susanne, and the price may vary if less than 12 travelling. The Tour itinerary may change due to local conditions. Other conditions listed on full tour itinerary.	
To register: email info@innovativetravel.co.nz 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 www.innovativetravel.co.nz for general terms and conditions.	