2026 Holy Land Tour Registration Form

April 8 – April 18, 2026

Please reserve _____ place(s) on this tour.
Enclosed please find a deposit of $_____ ($250.00 per person) made payable to:

Brookstone Church (2026 Holy Land Tour Deposit on memo line)

Payment by check or cash is preferred, however, payment by credit card may be made at Brookstonechurch.org, on the events page. Payment by credit card will incur a processing fee of 3% that will be invoiced separately.

FULL NAME AS IT APPEARS ON YOUR PASSPORT:
_____

ADDRESS
_____

CITY STATE ZIP
_____

CELL # (____)_____

E-MAIL:_____

DOB (MONTH/DAY/YEAR) _____

GENDER_____

CITIZENSHIP (COUNTRY)_____

PASSPORT#_____

PASSPORT EXP. (MONTH/DAY/YEAR)_____

DOUBLE OCCUPANCY: I WILL SHARE ACCOMMODATIONS WITH THE FOLLOWING INDIVIDUAL:
_____

SINGLE OCCUPANCY: If requesting a single room, the additional cost for the tour is $1250.00 per person. I am requesting a single room, and I understand that I need to pay an additional $1250.00. YES _____.

MEDICAL CONDITIONS AND DIETARY CONCERNS OF WHICH WE SHOULD BE AWARE:_____
_____
_____

PREFERRED FIRST NAME ON TOUR NAME BADGE:
_____

I understand that final payment is due by February 8, 2026. YES_____.
.
I have fully read the tour brochure and agree to its terms and conditions. YES _____.

Tour Participant Signature:

_____

FULL NAME AS IT APPEARS ON YOUR PASSPORT:
_____

ADDRESS
_____

CITY STATE ZIP
_____

CELL # (____)_____

E-MAIL:_____

DOB (MONTH/DAY/YEAR) _____

GENDER_____

CITIZENSHIP (COUNTRY)_____

PASSPORT#_____

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Tour Participant Signature:

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PLEASE MAIL THE SIGNED REGISTRATION FORM, DEPOSIT, AND A COPY OF YOUR PASSPORT PHOTO PAGE TO:
Brookstone Church
ATTN: Angie Mace
90 Griffee Road
Weaverville, NC 28787

PLEASE NOTE: PASSPORTS MUST BE VALID FOR AT LEAST 6 MONTHS BEYOND THE DATE OF TRAVEL