

FAIRHAVEN CHURCH

ISRAEL TRIP NOVEMBER 1-11, 2023

RESERVATION FORM



Title: ☐ MR ☐ MRS ☐ MS ☐ DR ☐ REV

Print your name exactly as it's listed on your passport:

First _____ Middle _____ Last _____

Address _____

City _____ State _____ ZIP _____

Email _____ Cell phone _____

Home phone _____ Work phone _____

Passport number _____ Passport expiration ____ / ____ / ____

Date of Birth ____ / ____ / ____

Birthplace _____ Country of Citizenship _____

Please provide an emergency contact person:

Name _____ Relationship _____

Cell phone _____ Home phone _____

☐ If you have any special medical or dietary needs, please check this box and provide a full explanation on the back of this form.

I understand that final payment is due by August 1, 2023. I have fully read and agree to the terms and conditions in the brochure.

Signature _____ Date _____

Please print and return your completed reservation form(s) along with a copy of your passport(s) and your deposit payment (\$200 per person, checks made out to Fairhaven Church) to:

Paul Clark / Fairhaven Church / 637 E. Whipp Road / Centerville, OH 45459