

REGISTRATION FORM – Pastor Bill Stonebraker

NOVEMBER 17 – 29, 2012

(ONE FORM PER PASSENGER - PLEASE PRINT YOUR INFORMATION)

Checks payable to: Journeys Unlimited

Mail registration and checks to: Calvary Chapel Honolulu, 98-1016 Komo Mai Dr. Aiea Hawaii 96701 Attn: Cynthia Carey

PERSONAL INFORMATION:

NAME AS IT APPEARS ON PASSPORT (OR AS IT WILL APPEAR ON PASSPORT)

_____ Male ___ Female
(first name) (middle) (last name)

DATE OF BIRTH

_____/_____/_____
month day year

CURRENT MAILING ADDRESS

(street)

(city) (state) (zip code)

HOME PHONE NUMBER

WORK PHONE NUMBER

FAX NUMBER

E-MAIL ADDRESS

CELL PHONE NUMBER

PASSPORT INFORMATION: **Must have copy of passport for airline ticketing!**

(Please attach copy of passport page with photo and data. If you do not have a current passport, write below under passport number "pending" and send copy of passport page when you receive it. **Please apply ASAP for passport!**)

PASSPORT NUMBER

PASSPORT DATE OF EXPIRATION

month / day / year

(must be valid through May 29, 2013)

TOUR INFORMATION:

NAME you would like on NAME BADGE _____

ROOMMATE NAME

PLEASE CHECK ONE

SINGLE ROOM DOUBLE ROOM TRIPLE ROOM
(\$585.00 additional)

EMERGENCY CONTACT IN THE UNITED STATES
NAME

PHONE NUMBER

_____/_____/_____

AIR INFORMATION:

___ I WILL BE TRAVELING WITH GROUP FROM LOS ANGELES.

Frequent Flyer No. with Continental Airlines _____ or United _____ or USAir _____