

Reservation Form

Tour Name: Calvary Chapel's Journey to the Ark
 Date of Trip: August 12-16, 2024 # of Persons _____
 Deposit (per person) : \$300 x (# of travelers)= \$ _____
 Cost of Insurance \$ _____ x (# of travelers)= \$ _____

Departure City: _____

PRICE PER PERSON
(Based on Double Occupancy)
Adults ages 18-59: \$1,455.00
Adults ages 60+: \$1,433.00
Youths ages 11-17: \$1,357.00

Payment Method (Circle one): Check # _____ Mastercard Visa Discover
 Credit Card # (Add'l 3% Fee _____
 non-refundable) _____ Sec Code (3 digits) _____ Exp Date _____

Name on Credit Card(Print) _____ Signature _____

Address on Credit Card if different from below: _____

Please Pprint Carefully! Inaccuratte information may result in delays and/or airline change fees

First Passenger:	
First/Middle	
Last:	
Passport #**	
Passport Issue Date	
Expiration Date	
Date of birth	Male/Female
P.O. Box	
Street Address	
City	State
Zip	Phone
Email	

Second Passenger:	
First/Middle	
Last:	
Passport #**	
Passport Issue Date	
Expiration Date	
Date of birth	Male/Female
P.O. Box	
Street Address	
City	State
Zip	Phone
Email	

Name of Roommate(s) _____
 Room (Circle One) Single Occupancy Double Occupancy (2 Queen Beds)
 (Single occupancy chg of \$350 added to final cost if no roommate is listed.)

Emergency contact not traveling
 Name _____
 Phone _____

Emergency contact not traveling
 Name _____
 Phone _____

My signature below verifies that I understand that I may purchase travel protection insurance from Holt Travel & tours. My signature below also verifies I understand and agree to Holt Travel & Tours Terms and Conditions as stated on the reverse side of this form.

Signature (First Passenger)

Signature (2nd Passenger)

*Price is based on double occupancy & may change due to flight costs.

**If you are waiting for an updated passport number please provide this as soon as you receive it.