



# GOSPEL TRAVEL

## REGISTRATION FORM

TOUR DATE \_\_\_\_\_ NAME OF THE LEADER \_\_\_\_\_  
NAME AND LAST NAME OF THE PASSENGER \_\_\_\_\_  
PHONE \_\_\_\_\_ ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
SEX \_\_\_\_\_ MALE \_\_\_\_\_ FEMALE \_\_\_\_\_ SINGLE ROOM \_\_\_\_\_ YES \_\_\_\_\_ NO  
PASSPORT NUMBER \_\_\_\_\_ EXP DATE \_\_\_\_\_  
NATIONALITY \_\_\_\_\_

PLEASE ENCLOSED CHECK FOR \$250.00 FOR GROUP DEPOSIT.  
(Make check payable to Gospel Travel).

Please fill this form and mail together with the deposit to:

**GOSPEL TRAVEL**  
PO BOX 965  
FUQUAY VARINA, NC 27526