



Biblical Byways Registration Form

Israel or Turkey/Greece

Date of tour: _____

Please scan or attach a recent photo of yourself

Please type answers or write carefully with dark ink.
Complete and submit with Deposit Fee to
Biblicalbyways@gmail.com

_____ Your Name exactly as on Passport

_____ Email Address

_____ -- _____ --- _____ Date of birth (day-month-year) -- and Age -- and Gender

_____ Name you want to be called

_____ Address

_____ Phone number (preferably a mobile phone)

_____ Occupation

_____ What church do you attend, if any?

_____ -- _____ Nationality and Passport Number

_____ -- _____ Date Issued --and --Expiry date (day-month-year)

_____ Insurance Company

_____ -- _____ Ins. Phone Number – and – Insurance ID Number

_____ -- _____ Emergency Contact for an emergency – and relationship to you

_____ -- _____ Emergency Contact's Email address and phone number

_____ Emergency Contact's Address

_____ What disabilities or allergies do you have?

_____ Do you have medical training and can you help if needed?

_____ Do you want to be baptized in the Holy Lands?

INSTRUCTIONS: If you open this file in Adobe Reader, click on "Tools" then "Fill & Sign". It will identify the blank lines for you. Just type in your information and save it. To insert your picture, copy your picture, click in the box, paste your photo in, and you're done. Send your application to Biblicalbyways@gmail.com

NOTE: You must obtain a valid passport and a visa if necessary to visit the Holy Lands. Sign the waiver (below) and send the Dr's Release and your Flight Information as soon as possible. Please register your intent to travel with your home country embassy or consulate.

Waiver for Biblical Byways

Study-Tour Participants

Traveler's Name: _____ Affiliation: WBT / SIL / TSCO / Other
Circle one Specify

Dates of Trip _____ and Destination(s): _____

In connection with my trip to the above-referenced destinations:

1. I have carefully identified, reviewed and considered the risks of travel to my destination(s), including reading the most recent relevant State Department Travel Advisory.
2. I have been provided a description of the proposed program by the agency that is leading the tour, and I have received approval from my own employer to attend this tour.
3. I have verified that my health insurance is appropriate for my travels. I accept the fact that if I die on the tour without repatriation insurance, my body will be buried there within 24 hours (for about \$8000 at the expense of my family) and not returned to my home country.
4. I hereby release and covenant not to sue Biblical Byways, LLC, Sar-El, Wycliffe Bible Translators, SIL, Pilgrim or Tutku Tours and their officers from all liability and claims arising out of loss, damage or injury, including death, that I may sustain while traveling to and participating in the Biblical Byways Study-tour. I assume full responsibility for any risks of such loss or personal injury.
5. I know conditions at my destinations may change rapidly. I take it as my responsibility to stay informed of current events on a frequent basis, either by being informed by our tour guide or by obtaining updated security and health information. I will register with my home country's Embassy or Consulate and get updated information from the U.S. and my home country's Embassies or Consulates.
6. It is my express intent that this Waiver shall bind the members of my family and spouse if I am alive, and my heirs and personal representative if I am deceased.

(TRAVELER'S SIGNATURE)

(DATE)

(You may "sign" this electronically by typing your name and sending it from your own computer. If that is not possible then you should print it, sign it, and scan it or send it by regular post.)

Transportation: Each participant will be traveling to and from the designated countries by commercial aircraft, individually contracted. Within the country contracted, tour buses and taxis will be used.

A Proposed Itinerary is appended: Tour members will stay at moderate hotels and guest houses. The organizers of the tour will make every attempt to identify and avoid unsafe areas. When necessary, the itinerary will be changed without prior notice.

Payment Summary

TOUR COST: per person, in double or triple occupancy ¹	
For Israel June 14-23, 2020 \$2565	To Turkey & Greece, TBD \$ TBD
DEPOSIT, NONREFUNDABLE ²	
For Israel—due March 1, 2020 \$200	To Turkey & Greece—due \$ 300
SINGLE ROOM SUPPLEMENT ³	
For Israel \$700	For Turkey & Greece \$700
SCHOLARSHIP OR DISCOUNT ⁴	
Israel Code: _____ Amount \$ _____	Turkey-Greece Code _____ Amount \$ _____
FINAL PAYMENT ⁵ -\$ _____	
For Israel, due April 1, 2020	For Turkey & Greece, due TBD
<input type="checkbox"/> I understand that Biblical Byways will assign me to room with one or two single persons <input type="checkbox"/> I request a single room and I will forward the additional fee ⁵ <input type="checkbox"/> I would like to room with _____	
<p>¹ Airfare or travel to and from Jerusalem or Turkey & Greece is not covered by this amount. ² Due at Registration: Completed application, advertised deposit fee and signed waiver ³ If you require a single room, there is the additional \$700 charge ⁴ Limited Scholarships and Discounts are available for eligible persons with prior approval. ⁵ All payments must be lodged with Biblical Byways by the dates specified; cancellation fees apply. Insurance is required.</p>	

for PAYMENTS and to CONTACT US:

Send completed registration and correspondence to:

Biblicalbyways@gmail.com

Send payments to:

Biblical Byways, llc
1334 Westridge Dr
Duncanville, TX 75116

Within the USA: Make checks payable to Biblical Byways, LLC
For persons in countries other than the USA,
please request the accompanying document "Payment Options"

Doctor's Release

If you are over 65 years old, you must have a physical exam and your doctor must sign this form. You may send a scanned copy with the doctor's signature by email to Biblical Byways via [Kathy Bruce@wycliffe.org](mailto:Kathy_Bruce@wycliffe.org) or a signed hard copy by (announced date: _____)

Physician's Recommendation:

My client, _____ appears to be in satisfactory physical condition to travel to (countries) _____ in (date) _____. He / She is _____ years old on this date.

I understand that the tour will include multiple days of walking quickly on uneven terrain and climbing flights of stairs at 2500 ft elevation. The walking is usually done in 15-minute increments, but may total up to 5 miles a day.

This patient, including his/her heart, lungs, back, knees, and hips, seems healthy enough to participate in such activity for the two-week tour without too much difficulty,

(signed) _____

(date) _____

FLIGHT SCHEDULE

As soon as you have your flight bookings, please email this completed form to [Kathy Bruce@wycliffe.org](mailto:Kathy_Bruce@wycliffe.org)

NAME: _____

Flights to **Tel Aviv, Israel** or **Istanbul, Turkey:**

Date: _____ from (city) _____ to (city) _____ Airline, flight number _____

Date: _____ from (city) _____ to (city) _____ Airline, flight number _____

Date: _____ from (city) _____ to (city) _____ Airline, flight number _____

NOTE ESPECIALLY: Date and Time of arrival in **country**: _____

Flights from **Tel Aviv, Israel** or **Athens, Greece:**

NOTE ESPECIALLY: Date and Time of departure from **country** _____

Date: _____ from (city) _____ to (city) _____ Airline, flight number _____

Date: _____ from (city) _____ to (city) _____ Airline, flight number _____

Date: _____ from (city) _____ to (city) _____ Airline, flight number _____

Are you traveling with a group? If so, what group?

Are you staying in a hotel in Israel either before or after the tour? If so, what hotels?
