

**Reservation Form  
The Holy Land Tour  
April 9-19, 2019  
Hosted by Steve and Barbara Wingfield**

**Please complete and mail this form along with sending your deposit of \$500 per person.  
Please make checks payable to WINGFIELD MINISTRIES or complete the credit card payment information below.  
Send completed form to:**

Terry-Lynn Wyant-Vargo · Steve Wingfield Evangelistic Association · 2389 Grace Chapel Road · Harrisonburg, VA 22801

**Personal Information (Please Print):**

Name 1 (as it appears on your passport): \_\_\_\_\_ Name 2 (as it appears on your passport): \_\_\_\_\_  
\_\_\_\_\_  
Nickname for Name Badge: \_\_\_\_\_ Nickname for Name Badge: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Daytime Phone Number: (\_\_\_\_)\_\_\_\_-\_\_\_\_ Evening Phone Number: (\_\_\_\_)\_\_\_\_-\_\_\_\_ Cell Number: (\_\_\_\_)\_\_\_\_-\_\_\_\_  
E-mail Address: \_\_\_\_\_ E-mail Address: \_\_\_\_\_  
Birthdate: \_\_\_\_\_ Birthdate: \_\_\_\_\_

**Passport Copies: Please provide a JPEG clear copy of the photo page of your passport electronically to [terry@victoryweekend.com](mailto:terry@victoryweekend.com) at the time of your deposit.**

**Personal or Family Picture: Please provide a JPEG picture file of you or your family electronically to [terry@victoryweekend.com](mailto:terry@victoryweekend.com) at the time of your deposit.**

Special Dietary Requirements: \_\_\_\_\_  
Airline Seat Requests: \_\_\_\_\_

**Room Type:**  Double Room  Single Room

**Rooming with:** \_\_\_\_\_

**Credit Card Information (Please provide billing address if different than what is listed above):**

**Please Charge:**  My deposit of \$\_\_\_\_\_ as a total charge  
 Visa  MasterCard Name as it appears on the Card: \_\_\_\_\_  
Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
Signature: \_\_\_\_\_ Security Code: \_\_\_\_\_

**\* This tour reflects special group rates. The deadline for the \$500 deposit to secure the \$4,650 price is by November 15, 2018. After this date the price will increase. The final payment for this tour is January 14, 2019.**

I have read the Holy Land Tour Features and Conditions and agree to follow the terms listed therein while with the group. I understand airline tickets or air tours I am purchasing are subject to supplemental price increases after the date of deposit, due to additional and unforeseeable charges imposed by a supplier or any government. I acknowledge that I may be charged additional sums by WINGFIELD MINISTRIES to offset fees, fuel surcharges, taxes, and fluctuations in foreign exchange markets or any other combination. I hereby consent to any post-purchase price increases. WINGFIELD MINISTRIES does not offer travel insurance, and I take full responsibility for my decision to purchase or not purchase this independently.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\* Checking in the box above and signature are both required, in order for the registration to be processed.