

**Reservation Form**  
**The Holy Land Tour**  
**February 28-March 13, 2021**  
**Steve and Barbara Wingfield, Tour Hosts**

**Please complete and mail this form along with your deposit of \$1,000 per person.**  
**Please make checks payable to WINGFIELD MINISTRIES, INC., or complete the credit card payment information below.**  
**Send completed form to:**

Terry Lynn Wyant-Vargo · Wingfield Ministries · 4153 Quarles Court · 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 also provide a legible copy of the photo page of your passport**

Special Dietary Requirements: \_\_\_\_\_

Airline Seat Requests: \_\_\_\_\_

**Room Type:**     Double Occupancy Room – Twin Beds

Double Occupancy Room – Double Bed

Single Occupancy Room – \$1,800 Single Room Supplement

**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 \$1,000 deposit to secure the \$4,495 price is November 23, 2020. After this date, the price will increase. The final payment for this tour is due by January 18, 2021.**

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, INC., 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, INC., 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.