

2020 ISRAEL MINI-TOUR

Hosted by Dr. Steve Cook, JWMM, INC.

MARCH 8-15, 2020



PASSENGER NAME –

(Please PRINT full name as it appears on your passport)

ADDRESS –

PASSPORT

COUNTRY _____ NUMBER _____

EXPIRATION DATE – (MM/DD/YYYY) _____

GENDER - MALE / FEMALE (CIRCLE ONE)

DATE OF BIRTH - MM/DD/YYYY _____

PHONE – _____

(Please provide both HOME & CELL)

EMAIL - _____

EMERGENCY CONTACT

NAME / PHONE / RELATIONSHIP - _____

ROOMATE - _____

SINGLE ROOM SUPPLEMENT DESIRED: YES / NO

(Additional cost of \$650 USD pp)

DEPOSIT - CHECK # _____ AMOUNT - \$ _____

MAKE CHECK OUT TO: JWMM, INC.
MAIL CHECK TO THE FOLLOWING ADDRESS:
DR. STEVE COOK, JWMM
2018 ISRAEL PROPHECY TOUR
1829 COUNTY ROAD 6
IRONTON, OH 45638