



RESERVATION APPLICATION

Please Return To:

Moostash Joe Tours
PO Box 969
Fremont, NE 68026-0969

PH: (402) 721-7944
Fax: (402) 721-7940
E-mail: mail@mjtours.com

Please reserve _____ places for me/us on the **Journey through the Holy Land Tour, February 17-26, 2019**. Enclosed is my/our check in the amount of \$_____ (\$550 deposit per person), plus (\$313 per person) to purchase the optional Travel Protection Program. **Payment for this travel protection program must accompany your deposit.** Please call for single occupancy pricing.

Please make checks payable to: **MOOSTASH JOE TOURS**

(ONLY CHECKS OR MONEY ORDERS ACCEPTED)

☐ Mr. ☐ Mrs. ☐ Ms. _____
(PLEASE PRINT FULL NAME – IDENTICAL TO PASSPORT)

☐ Mr. ☐ Mrs. ☐ Ms. _____
(PLEASE PRINT FULL NAME – IDENTICAL TO PASSPORT)

Address _____

City _____ State _____ Zip Code _____

Phone (_____) _____ (_____) _____
Area Code Home Area Code On-Trip Cell

E-mail Address(s) _____

I will room with (if other than spouse) _____

Other passengers I/we are traveling with _____

Emergency Contact #1: _____
Name Phone Relationship

Emergency Contact #2: _____
Name Phone Relationship

Please Check Your Preferred Pick-Up Point: ☐ Norfolk, NE ☐ Fremont, NE ☐ Omaha, NE ☐ Lincoln, NE

☐ I do not have a roommate but will share. If a roommate cannot be found, I will pay the single price.

☐ I desire single room accommodations (subject to availability). Please call for single occupancy pricing.

**PLEASE ENCLOSE A COPY OF THE INFORMATION PAGE (PHOTO PAGE) OF YOUR PASSPORT
VERY IMPORTANT! YOUR PASSPORT MUST BE VALID FOR AT LEAST 6 MONTHS AFTER YOU RETURN**