

CCL Holy Land Tour Booking Form

- Complete ALL the information below
- Photocopy of passport
- Cheques to be written to “CCL Publications PTE LTD”
- Please Send Form, Payment, Photocopy Passport to Edr Lee
Address: 8 Burn Road #09-15 S(369977). Tel: 6323-3354 Fax: 6636-8273 Email: yetcheng@cc-sg.org ; go@cc-sg.org

三一神学院学生优先
毕业于_____ 现有学生_____
圣地游学团
~ 梦想成真之旅
24 Nov – 06 Dec 2019

Passenger Passport Information

	PASSENGER 1	PASSENGER 2
Title	Mr / Mrs / Ms / Dr / Rev / Ps / Edr	Mr / Mrs / Ms / Dr / Rev / Ps / Edr
Full Name as in Passport		
Surname/Family Name		
Chinese Name		
Passport Number		
Sex	MALE / FEMALE	MALE / FEMALE
Nationality		
Date of Birth / Age		
Place of Birth		
Date of Issue		
Date of Expiry		
Authority/Place of Issue		

Passenger Contact Information

Home Telephone		
Office Telephone		
Mobile Phone		
Email Address		
Home Address		
Postal Code		

Passenger Additional Information

Marital Status	SINGLE / MARRIED / OTHERS	SINGLE / MARRIED / OTHERS
Occupation		
Name Church Attending		
Roommate Relationship		
Emergency Contact (Name)		
Telephone No / Relationship		

Tour Booking Information

Room Type	SINGLE / TWIN / TRIPLE	SINGLE / TWIN / TRIPLE
Please find your own room-mate and submit one form per room. If your room-mate withdraws from the tour, you will have to pay single supplement if you are unable to find a replacement.		
Bedding Preference	DOUBLE / SEPARATE	DOUBLE / SEPARATE
Extra Requests / Personal Specific Notice		

FOR FOR OFFICIAL USE ONLY**Customer ID Number:**

	AMOUNT	BANK / CHEQUE #	RECEIPT #	ISSUED BY	REMARKS
DEPOSIT					
BALANCE					
OTHERS					