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 Fmail: go@cc-sg.org : vetcheng@cc-sg.org

2019 Apostle Tour 使徒脚踪之旅 **01 – 15 OCT 2019**

| 82/3 Email: go@cc-sg.org; yetcneng@cc-sg.org | | | | | | |
|---|--------|---------------------------|------------------------|---------------------------|------------------------|--|
| Passenger Passport Information | | | | | | |
| | | PASSENGER 1 | | PASSENGER 2 | | |
| Title | | MR/ MRS / MS / D | DR / REV / PS | MR / MRS / MS | S / DR / REV / PS | |
| Full Name as in Passport | | | | | | |
| Surname/Family Name | | | | | | |
| Chinese Name | | | | | | |
| Passport Num | ber | | | | | |
| 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 | | | | | | |
| Postal 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: | | | | | | |
| DEDCCE | AMOUNT | BANK / CHEQUE # | RECEIPT # | ISSUED BY | REMARKS | |
| DEPOSIT | | | | | | |
| BALANCE | | | | | | |
| LIIMENE | i | | 1 | 1 | i e | |