

# Christian Expedition Reservation Agreement

**Tour:** Footsteps of Paul and the Seven Churches of Revelation with Pastor Bob Monroe (February 28 - March 10, 2027)

 Please attach a photocopy of your passport to this form.  
Your passport must be valid until at least **Sep. 10, 2027**

I am renewing/applying for my passport

## Travelers

|           |     |        |
|-----------|-----|--------|
| Full Name | DOB | Gender |
| Full Name | DOB | Gender |

## Contact Information

|        |       |       |     |
|--------|-------|-------|-----|
| Street | City  | State | ZIP |
| Email  | Phone |       |     |

## Airfare & Accommodations *(flight and hotel details provided 30 days before departure)*

|                      |                 |                 |                                   |                       |
|----------------------|-----------------|-----------------|-----------------------------------|-----------------------|
| Airport (select one) | Las Vegas (LAS) | Requests        |                                   |                       |
| Room (select one)    | Double (1 bed)  | Double (2 beds) | Single (shared room) <sup>1</sup> | Single (private room) |

<sup>1</sup>Pay only the double cost by checking "Single (shared room)" to share accommodations with a roommate.  
In the circumstances that no roommates are available, you will be responsible for the single cost.

## Travel Insurance Allianz

|            |                                                             |               |
|------------|-------------------------------------------------------------|---------------|
| Select one | Email me a free travel insurance quote (price is age-based) | No, thank you |
|------------|-------------------------------------------------------------|---------------|

## Deposit & Signature

|                                                                            |                                                                 |
|----------------------------------------------------------------------------|-----------------------------------------------------------------|
| <b>\$450</b> per person due today (\$200 per person <u>nonrefundable</u> ) | <b>11/30/2026</b> full payment due (100% <u>nonrefundable</u> ) |
|----------------------------------------------------------------------------|-----------------------------------------------------------------|

Enrollment & payment constitutes your acceptance of the terms of service of this agreement.  
I have read and understand the terms of service and look forward to traveling with Christian Expedition!

|                      |      |
|----------------------|------|
| Traveler 1 Signature | Date |
| Traveler 2 Signature | Date |

If either traveler is a minor (*under 18 years of age*), this form must be signed by his/her parent/guardian.

|                      |      |
|----------------------|------|
| Guardian's Signature | Date |
|----------------------|------|

## Pay by Card (3% fee)

To make payments by credit or debit card, please call us at (877) 234-3002. All card brands accepted (Amex, Visa, MasterCard, Discover)

## Pay by Check (no fee)

Make checks payable to: **Christian Expedition**  
401 E Las Olas Blvd, #130-478 Ft Lauderdale, FL 33301



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Fort Lauderdale, FL 33301

hello@christianexpedition.com  
(877) 234-3002