

**New Light Church
Gaborone Botswana Africa
July 27—August 4, 2014
GROUP TRAVEL REGISTRATION FORM**

First Name: _____ Last Name: _____

Address _____

City: _____ State: _____ Zip code: _____

Home Phone (____) _____ Work Phone (____) _____ Cell Phone:(____) _____

Email Address: _____

Sex: ___ Male or ___ Female Birth Date: ___/___/___ Age: ___ Marital Status: Married Single

Emergency Contact Name: _____ Contact Number (____) _____ Relationship: _____

Passport Number: _____ Issued Place: _____ Expiration Date: _____

Complete this section only if you will have guest traveling with you

First Name: _____ Last Name _____

Title: _____ Preferred Name: _____

Rev. Dr. Bishop Pastor First Lady

Sex: ___ Male or ___ Female Birth Date: ___/___/___ Age: ___ Relationship: _____

Passport Number: _____ Issued Place: _____ Expiration Date: _____

**Will you be departing from Houston, TX to travel with the group YES or NO
Round Trip Travel Arrangements from Houston to Gaborone, Botswana**

- Economy Class - \$3000.00
 Business Class - \$8500.00

**Hotel Reservation in Gaborone
(July 29—August 3, 2014)
(rates quoted per night are subject to change)**

The Grand Palm

- Executive Suite - (King Bed)- \$305.00
- Premier Suite - (King Bed)-\$254.00
- Superior Queen - (Queen Bed)-\$217.00
- Deluxe Queen or Twin - (Queen Bed)-\$164.00

Would you like to attend Services in Johannesburg YES or NO

- Hotel \$150.00 / \$450.00

Special Request: _____

PLEASE READ AND SIGN: *I acknowledge and understand that all fees are non-refundable. All prices are subject to change.*

Sign here (X)

Date: _____

Reservation Summary

Departure time from Houston is Sun, 7/27/2014 - 6:50 PM
Return to Houston on Sun, 8/4/2014 - 4:25PM

Airline Cost _____

Hotel in Gaborone _____

Hotel in Johannesburg _____

Grand Total - _____

CREDIT CARD PAYMENT DETAILS

Credit Card (circle) Visa MasterCard Discover American Express

Card Number: _____ Expiration Date: ____/____

Name as it Appears on Card: _____

Billing Address: _____

Cardholder's Signature: _____ Amount: _____

Credit card Authorization Code: _____ (see back of credit card for three digit code)

CHECK PAYMENT DETAILS:

Please make checks payable to:

New Light Travel Services

P.O. Box 670167
Houston, Texas 77267

Name on checking account:

Check #: _____

Amount PD _____

Payment Schedule

| | | | |
|------------|--------------|------------|--------------|
| Date _____ | Amount _____ | Date _____ | Amount _____ |
| Date _____ | Amount _____ | Date _____ | Amount _____ |
| Date _____ | Amount _____ | Date _____ | Amount _____ |
| Date _____ | Amount _____ | Date _____ | Amount _____ |

Initial Deposit of \$250.00 is due to reserve hotel and airline tickets will be ticketed once airfare is paid in full.

*New Light Travel Services
11233 Crown Park Dr.
Suite A
Houston, Texas 77067
Fax: 281-877-1729
Phone: 281-876-5348
Email: travel@newlight.org*