

**New Light Church
Chennai, India
September 7—13, 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:** _____

Missionary VISA is Required—go to www.in.ckgs.us to register for VISA

Will you be departing from Houston, TX to travel with the group ☐ YES or ☐ NO (airfare cost will change)

Round Trip Travel Arrangements from Houston to Chennai, India

- ☐ Economy Class - \$1700.00
- ☐ Business Class - \$6600.00

Hotel Reservation in Chennai

(September 9—13, 2014)

(rates quoted per night are subject to change)

The Leela Palace

- ☐ Executive Sea View Suite - (King Bed)- \$321.00
- ☐ Premier Sea View Suite - (King Bed)-\$195.00
- ☐ Deluxe Sea View Suite (King Bed) - \$144.00

Tentative Missionary Itinerary

Feed the Poor in the Slum
Visit Destiny Children Home
Pastors and Leaders Seminar
Visit Bible College

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, 9/7/2014 - 6:50 PM

Return to Houston on Sun, 9/13/2014 - 4:25PM

Airline Cost _____

Hotel in Gaborone _____

Single Occupancy Room in Dubai - _____

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 ticket 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*