



WOODROW KROLL
MINISTRIES

Israel 2026 Registration Form (January 12-21, 2026)

Full name (as in your passport): _____ Birthdate: _____ (mm/dd/yy)

☐ M ☐ F Phone: _____ Email: _____

Passport #: _____ Issue Date: _____ Expiration Date: _____

By signing below, I certify that I have read and agree to the Tour Terms and Conditions.

Signature: _____ Date: _____

Full name (as in your passport): _____ Birthdate: _____ (mm/dd/yy)

☐ M ☐ F Phone: _____ Email: _____

Passport #: _____ Issue Date: _____ Expiration Date: _____

By signing below, I certify that I have read and agree to the Tour Terms and Conditions.

Signature: _____ Date: _____

Address: _____ City/State/Zip: _____

The \$400 deposit per person for the tour ☐ is enclosed ☐ has been made online (at wkministries.com)

☐ We (those on this registration) will be roommates together

☐ My roommate _____ is sending in their own registration

☐ I would like a single occupancy room (\$1000 additional fee)

☐ Please assign me a roommate

Emergency Contact: _____ Phone: _____