

Walk Where Faith Began

Registration Form

2026 Pilgrimage to Jordan & The Holy Land with Steve and Barbara Wingfield

October 12-25, 2026

“Your journey through the lands of the Bible starts here.”

Please complete and mail this form,

along with your deposit of \$1,000 per person and a copy of the photo page of your passport, to:
Wingfield Ministries, Inc., Attn: Terry Wyant-Vargo, 4153 Quarles Court, Harrisonburg, VA 22801.

Make checks payable to **WINGFIELD MINISTRIES, INC.**, or complete
the credit card payment information on page two.

Registration & Payment Information:

Full Tour Price: (from Washington Dulles - IAD) \$6,443.00

Land-Only Price: \$4,865.00 **Airfare:** \$1,578 **Single Room Supplement:** \$1,750.00

Special Offer: \$250 tour price discount per person if paid by cash or check

Payment Schedule:

The tour price reflects special group rates. To secure your reservation:

Initial Deposit: \$1,000 due by June 8, 2026

Final Payment: Due by July 27, 2026

Personal Information (Please Print):

Name 1 (as it appears on your passport): _____

Name 2 (as it appears on your passport): _____

Nickname(s) for Name Badge: _____ / _____

Address: _____

City, State, Zip Code: _____

Daytime Phone: _____ Cell Phone: _____

Email Address 1: _____ Email Address 2: _____

Birth Date 1: _____ Birth Date 2: _____

Passport Copies: **Please provide a legible copy of the photo page of your passport(s).** Passports must be valid for at least six months beyond our return date (Valid through April 2027).

- ETA-IL Authorization: Effective January 1, 2025, all U.S. citizens are required to obtain an Electronic Travel Authorization (ETA-IL) prior to departing for Israel. This is a mandatory online pre-application.
- Travel Advisory: Please be aware that entry into certain areas, including the West Bank, may be subject to additional restrictions or security-related changes.

Special Dietary Requirements: _____

Airline Seat Requests: _____

Room Type:

- Double Occupancy – Twin Beds
- Double Occupancy – Double Bed
- Single Occupancy (*Additional supplement applies*)

Room Occupants: _____

Credit Card Information:

(Please provide billing address if different than listed above)

Please charge my deposit of \$_____ to: Visa Mastercard

Name on Card: _____ Card Number: _____

Exp. Date: _____ Security Code: _____ Signature: _____

Terms and Conditions:

This tour reflects special group rates. The deadline for the \$1,000 deposit to secure the \$6,443 price is June 8, 2026. After this date, the price is subject to increase based on airfare availability. The final payment for this tour is due by July 27, 2026.

I have read the Holy Land Tour Features and Conditions and agree to follow the terms listed therein while with the group. I understand airline tickets or air tours I am purchasing are subject to supplemental price increases after the date of deposit due to additional and unforeseeable charges imposed by a supplier or any government (fuel surcharges, taxes, or currency fluctuations). I acknowledge that I may be charged additional sums to offset these fees and hereby consent to any post-purchase price increases. WINGFIELD MINISTRIES, INC., does not offer travel insurance, and I take full responsibility for my decision to purchase or not purchase this independently.

Signature: _____ **Date:** _____

***Checking the box and signing are both required to process registration.**

A Note for Our Fellow Travelers

You are about to embark on more than just a trip; this is a journey that will change the way you read the Word of God forever. We are honored to walk this path with you and are already praying for each participant by name, anticipating the fellowship and divine moments we will share together in the Land of the Bible.

Welcome to the 2026 Holy Land family!

Please return form by Monday, June 8, 2026:

Terry Wyant-Vargo, Director of Finance and Administration
Wingfield Ministries, Inc., 4153 Quarles Court, Harrisonburg, VA 22801
(540) 236-5989
holyland@wingfieldministries.org

..... **FOR OFFICE USE ONLY**

Date Received: _____ Deposit Confirmed:

Travel Insurance Copy Attached: Passport Copy Received: Pilgrim Profile

Confidential Medical & Emergency Contact Information ETA-IL Received