

APPLICATION ~ February 14 – 23, 2018

HILLSDALE EDUCATIONAL TOUR OF ISRAEL

With Pastor Bill Danyluk

PLEASE MAIL A COPY OF ALL PASSPORT/S OPEN TO NAME AND VALIDITY WITH THIS APPLICATION. If passport/s not available NOW send later TO SARA FAX # 905 886-9769 or email sara@ihtours.com. Include the reference: Hillsdale Educational Tour of Israel, with Pastor Bill Danyluk, February 14 – 23, 2018

LAST NAME (as it appears on your passport): _____

FIRST NAME (as it appears on your passport): _____

MAILING ADDRESS: # & Street _____

CITY: _____ PROVINCE: _____ POSTAL CODE _____

DAY TIME TEL# () _____ HOME TEL# () _____

E-MAIL ADDRESS: _____

BIRTHDATE: DAY _____ MONTH _____ YEAR _____

PASSPORT # _____ COUNTRY _____ EXPIRY _____

If you hold a foreign passport inquire at the Israeli Consulate if a Visa is required

I WISH TO ROOM WITH: _____

THE SINGLE SUPPLEMENT IS \$689: YES ___ NO ___ WE WILL TRY TO FIND A ROOM MATE IF WE CANNOT YOU WILL BE BILLED THE SINGLE SUPPLEMENT

EMERGENCY CONTACT: _____ TEL:() _____

GROUP DEPARTING FROM REGINA IF DEPARTING FROM ANOTHER CITY ADVISE _____

FULL NON REFUNDABLE PAYMENT IS DUE BY DECEMBER 12, 2017

MAKE FINAL PAYMENT BY SEPTEMBER 10 2017 & TAKE A \$50 REDUCTION

RATES ALREADY INCLUDE A 3% REDUCTION FOR PAYMENT BY CHEQUE, CASH OR MONEY ORDER. FOR PAYMENT BY CREDIT CARD ADD THE 3% FILL OUT AND PROVIDE ALL THE DETAILS BELOW

Applications should be completed and mailed with cheques made out to:
**INTERNATIONAL HERITAGE TOURS, 7117 BATHURST ST, SUITE 200,
THORNHILL, ONTARIO L4J 2J6**

ENCLOSED CHEQUE PAYMENT OF DEPOSIT \$350.00 PER PERSON

FOR _____ PERSONS @ \$350 EACH TOTAL \$ _____
PAY THE DEPOSIT BY JUNE 15 2017 AND A \$50 REDUCTION WILL BE ADDED TO YOUR INVOICE

PLEASE NOTE TRAVEL INSURANCE MUST BE PAID FOR BY CREDIT CARD WITH THE DEPOSIT ~ FILL OUT THE CREDIT CARD DETAILS BELOW

I REQUIRE INSURANCE: YES ___ (circle in box on right) NO: ___ (sign*)

*TRAVEL INSURANCE DECLINED (signature) _____

PLUS: \$ _____ FOR INSURANCE TOTAL \$ _____

Credit card # _____ CODE# (on back) _____

Name of card holder _____ Expiry _____

Signature of card holder _____

Please include a clear copy of ID and of both sides of the credit card.

****TRAVEL INSURANCE****

If you reside outside of the Province of Ontario Travel Insurance, which we will process for you, must be purchased directly through our Travel Insurance provider "Old Republic Insurance Company". **Please note ~ Credit Card payment is the only method of payment for Old Republic premiums.** Before mailing your Application/s and deposit/s please fill out the credit card details on your Application/s which we will forward on your behalf.

PREMIUMS

All Inclusive for one person sharing a double room

For ~ Medical, trip cancellation, trip interruption, lost baggage, etc.

Up to 59 years: \$191

60-64 years: \$233

65-69 years: \$304

70-74 years: \$424

75-79 years: \$627

80-84 years: \$812

Semi Inclusive for one person sharing a double room

For ~ (No medical) trip cancellation, trip interruption, lost baggage etc.

Up to 59 years: \$164

60-64 years: \$182

65-69 years: \$208

70-74 years: \$238

75-79 years: \$421

80-84 years: \$533

All Inclusive for one person In a single room

For ~ Medical, trip cancellation, trip interruption, lost baggage etc.

Up to 59 years: \$214

60-64 years: \$261

65-69 years: \$340

70-74 years: \$466

75-79 years: \$690

80-84 years: \$896

Semi Inclusive for one person In a single room

For ~ (No medical), trip cancellation, trip interruption, lost baggage etc.

To age 59 years: \$186

60-64 years: \$210

65-69 years: \$244

70-74 years: \$280

75-79 years: \$484

80-84 years: \$617

A \$10 processing fee applies to cancelled policies