

APPLICATION ~ Walking where Jesus walked!

With Pastor Dr. Henry A. Ozirney

March 1 – 11, 2018

Optional Israel extension March 11 – 13, 2018

PLEASE MAIL A COPY OF ALL PASSPORT/S OPEN TO NAME AND VALIDITY WITH THIS APPLICATION. If passport/s is/are not available now fax later to SARA fax # 905 886-9769. Include the reference: Together in Israel, Dr. Henry Ozirney, March 1 – 11, 2018; Optional Israel extension Mar 11 – 13, 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

EMERGENCY CONTACT: _____ TEL: () _____

SINGLE SUPPLEMENT US\$739: YES ___ NO ___ WE WILL TRY TO FIND A ROOM MATE IF WE CANNOT YOU WILL BE BILLED THE SINGLE SUPPLEMENT

I WISH TO ROOM WITH: _____

I/we want the ISRAEL EXTENSION RETURNING MARCH 13 Yes _____

Cost is \$388 per person Based on: A minimum of 15 participants & 2 people sharing a room; the single room supplement \$173

OPTIONAL LATE CHECK OUT \$108 PER PERSON **MAR 10 YES** _____
OR **MAR 12 YES** _____

GROUP IS DEPARTING FROM WINNIPEG
IF DEPARTING FROM ANOTHER CITY ADVISE _____

ENCLOSED CHEQUE PAYMENT OF DEPOSIT \$350.00 PER PERSON

FOR _____ PERSONS @ \$350 EACH TOTAL \$ _____

PLUS: \$ _____ FOR INSURANCE TOTAL \$ _____

FULL NON REFUNDABLE PAYMENT IS DUE BY DECEMBER 30, 2017

Applications should be completed and mailed with cheques made out to:
**INTERNATIONAL HERITAGE TOURS, 7117 BATHURST ST, SUITE 200,
THORNHILL, ONTARIO L4J 2J6. FOR PAYMENT BY CREDIT CARD ADD 3%
FILL OUT & PROVIDE ALL THE DETAILS BELOW**

I REQUIRE INSURANCE: YES _____ (circle in box on right) NO: _____ (sign*)
TRAVEL INSURANCE MUST BE PAID FOR BY CREDIT CARD WITH THE DEPOSIT

*TRAVEL INSURANCE DECLINED (signature) _____

Credit card # _____ CODE# (on back) _____

Name of card holder _____ Expiry _____

Signature of card holder _____ Include a clear copy of ID & of both sides of the credit card.

TRAVEL INSURANCE

If you reside outside of the Province of Ontario, Travel Insurance, which we will process on your behalf, 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.** Please fill out the credit card details on your Application/s which we will forward on your behalf before mailing your Application/s and deposit/s.

PREMIUMS
are subject to change

PREMIUMS for the extension
are modestly more expensive

All Inclusive for one person
sharing a double room For ~
Medical, trip cancellation, trip interruption, lost baggage, etc.

Up to 59 years:	\$220
60-64 years:	\$269
65-69 years:	\$351
70-74 years:	\$484
75-79 years:	\$716
80-84 years:	\$929

Semi Inclusive for one person
sharing a double room For ~
(No medical) trip cancellation, trip interruption, lost baggage etc.

Up to 59 years:	\$191
60-64 years:	\$214
65-69 years:	\$247
70-74 years:	\$283
75-79 years:	\$494
80-84 years:	\$627

All Inclusive for one person
In a single room For ~ Medical,
trip cancellation, trip interruption,
lost baggage etc.

Up to 59 years:	\$258
60-64 years:	\$316
65-69 years:	\$411
70-74 years:	\$554
75-79 years:	\$823
80-84 years:	\$1071

Semi Inclusive for one person
In a single room For ~ (No
medical), trip cancellation, trip
interruption, lost baggage etc.

To age 59 years:	\$229
60-64 years:	\$262
65-69 years:	\$308
70-74 years:	\$353
75-79 years:	\$600
80-84 years:	\$770

A \$10 processing fee applies to cancelled policies