

USA PASTORS' APPLICATION

YOUR DREAM OF WALKING THE GOSPELS CAN HAPPEN

JOIN A PASTORS' STUDY TOUR TO ISRAEL FEBRUARY 5 – 14, 2018

PLEASE ATTACH COPY OF CREDENTIALS OR CERTIFICATE OF ORDINATION

PLEASE MAIL A COPY OF ALL PASSPORTS OPEN TO NAME & VALIDITY WITH THIS APPLICATION.

If passport not available fax later ATTENTION SARA FAX # 905 886-9769 Include Clergy Tour to Israel, with host Pastor Douglas Rollwage, February 5 – 14, 2018

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

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

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

BIRTHDATE: DAY _____ MONTH _____ YEAR _____

PASSPORT # _____ COUNTRY _____ EXPIRY _____

CHURCH NAME: _____

POSITION _____ SUNDAY ATTENDANCE _____

DAYTIME TEL: () _____ HOME TEL: () _____

E-MAIL ADDRESS: _____

SINGLE SUPPLEMENT AT \$379: 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/TORONTO IF DEPARTING FROM ANOTHER CITY ADVISE _____ CALL FOR RATES

FULL NON REFUNDABLE PAYMENT IS DUE DECEMBER 3, 2017

A 3% REDUCTION IS ALREADY INCLUDED FOR PAYMENT BY CASH, CHECK OR MONEY ORDER.

FOR PAYMENT BY CREDIT CARD ADD THE 3% BACK ONTO ALL CREDIT CARD PAYMENTS AND COMPLETE THE DETAILS BELOW

Complete applications should be mailed with checks made out to:
**INTERNATIONAL HERITAGE TOURS, 7117 BATHURST STREET SUITE 200
 THORNHILL, ONTARIO L4J 2J6 CANADA**

A DEPOSIT OF \$500 IS REQUIRED TO SECURE PARTICIPATION

DEPOSIT \$500 PLUS: \$ _____ FOR INSURANCE TOTAL \$ _____

I REQUIRE INSURANCE YES _____ (circle appropriate premium) NO _____ (sign*)

We cannot offer medical (All Inclusive) coverage to USA residents!

TRAVEL INSURANCE DECLINED (signature) _____

TRAVEL INSURANCE MUST BE PAID FOR WITH THE DEPOSIT. IF YOU RESIDE OUTSIDE OF THE PROVINCE OF ONATRIO PAYMENT OF TRAVEL INSURANCE PREMIUMS IS BY CREDIT CARD COMPLETE & PROVIDE ALL DETAILS BELOW

Credit card # _____ Expiry _____

Name of cardholder _____

3 Digit code _____ (on the back of card)

Signature of cardholder _____

Please include a clear copy of ID and 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.

WE CANNOT OFFER MEDICAL COVERAGE TO US RESIDENTS

All Inclusive per person sharing a double room - Includes: Trip Cancellation, trip interruption, medical (not available for US residents, we can only provide semi inclusive US residents), lost baggage, etc

Up to 59 years:	\$123
60-64 years:	\$143
65-69 years:	\$330
70-74 years:	\$485
75-79 years:	\$633
80-84 years:	\$761

ONLY SEMI INCLUSIVE COVERAGE IS AVAILABLE TO US RESIDENTS

Semi Inclusive per person sharing a double room - Includes: Trip Cancellation, trip interruption, lost baggage, etc.

Up to 59 years:	\$91
60-64 years:	\$101
65-69 years:	\$111
70-74 years:	\$128
75-79 years:	\$217
80-84 years:	\$287

All Inclusive per person In a single room - Includes: Trip interruption, trip cancellation, medical (not available for US residents, we can only provide semi inclusive US residents),, lost baggage etc.

Up to 59 years:	\$166
60-64 years:	\$197
65-69 years:	\$263
70-74 years:	\$377
75-79 years:	\$556
80-84 years:	\$734

Semi Inclusive per person In a single room - Includes: Trip cancellation, trip interruption, lost baggage etc.

Up to 59 years:	\$135
60-64 years:	\$146
65-69 years:	\$163
70-74 years:	\$185
75-79 years:	\$348
80-84 years:	\$460

A \$10 processing fee will apply to _____