

# APPLICATION

## Join Pastor Paul Smith Together in Israel

### May 14 – 23, 2018

PLEASE MAIL A COPY OF ALL PASSPORT/S OPEN TO NAME AND VALIDITY WITH THIS APPLICATION. If passport/s not available NOW fax later TO FAX # 905 886-9769 ATTENTION SARA. Include the reference: Pastor Smith Together in Israel, May 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

SINGLE SUPPLEMENT IS \$819: YES \_\_\_ NO \_\_\_ WE WILL TRY TO FIND YOU A ROOM MATE IF WE CANNOT YOU WILL BE BILLED THE SINGLE SUPPLEMENT

I WISH TO ROOM WITH: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ TEL:( ) \_\_\_\_\_

**GROUP DEPARTING FROM TORONTO IF DEPARTING FROM ANOTHER CITY ADVISE** \_\_\_\_\_

I REQUIRE INSURANCE: YES \_\_\_\_\_ (circle in box on right)

\*NO: \_\_\_\_\_ TRAVEL INSURANCE DECLINED (signature) \_\_\_\_\_

**TO SECURE FULL COVERAGE TRAVEL INSURANCE MUST BE PAID FOR WITH THE DEPOSIT.**

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.

**PAY THE DEPOSIT BY OCTOBER 21, 2017 AND A REDUCTION OF \$50 PER PERSON WILL BE ADDED TO YOUR INVOICE.**

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

PLUS: \$ \_\_\_\_\_ FOR INSURANCE TOTAL \$ \_\_\_\_\_

**FULL NON REFUNDABLE PAYMENT IS DUE BY FEBRUARY 11, 2018**  
**MAKE FULL PAYMENT BY JANUARY 5, 2018 & TAKE \$50 OFF PER PERSON**  
**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**

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 PREMIUMS

##### All Inclusive for one person sharing a double room

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

Up to 59 years:	\$207
60-64 years:	\$251
65-69 years:	\$329
70-74 years:	\$458
75-79 years:	\$677
80-84 years:	\$877

##### Semi Inclusive for one person sharing a double room

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

Up to 59 years:	\$177
60-64 years:	\$197
65-69 years:	\$225
70-74 years:	\$257
75-79 years:	\$455
80-84 years:	\$576

##### All Inclusive for one person In a single room

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

Up to 59 years:	\$234
60-64 years:	\$286
65-69 years:	\$373
70-74 years:	\$509
75-79 years:	\$755
80-84 years:	\$981

##### Semi Inclusive for one person In a single room

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

To age 59 years:	\$205
60-64 years:	\$232
65-69 years:	\$269
70-74 years:	\$308
75-79 years:	\$432
80-84 years:	\$679

A \$10 processing fee applies to cancelled policies