

**Join Pastors Mary & Joseph Walsh & NorthWest Community Church
Together in Israel Walk where Jesus Walked
June 4 – 13, 2018**

APPLICATION

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

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

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

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

E-MAIL ADDRESS: _____

BIRTHDATE: DAY ____ MONTH ____ YEAR ____

I wish to room alone YES ___ THE SINGLE SUPPLEMENT IS \$699

OR *I wish to room with:* _____
WE WILL TRY TO FIND A ROOM MATE IF WE CANNOT YOU WILL BE BILLED
THE SINGLE SUPPLEMENT

PASSPORT NUMBER: _____ Expiry Date: _____

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

If passport not available scan and email or fax later ATTENTION: SARA
FAX #905 886-9769 Include: Rev. Walsh, Israel June 4 – 13, 2018

I WOULD LIKE INSURANCE: YES ___ NO: ___ If no, please sign below:

Travel insurance was offered but declined SIGNATURE _____

**TRAVEL INSURANCE IS HIGHLY RECOMMENDED. WE CANNOT PROVIDE MEDICAL
COVERAGE AND YOU ARE NOT OBLIGED TO BUY INSURANCE FROM US.
PLEASE DO NOT TRAVEL WITHOUT TRAVEL INSURANCE.**

**PLEASE NOTE THAT THE PREMIUMS SHOULD BE PAID WITH YOUR DEPOSIT.
IF/WHEN YOU CLAIM PLEASE STATE CLEARLY THAT CLAIM IS IN US\$**

EMERGENCY CONTACT: _____ TEL: () _____

**GROUP IS TRAVELLING FROM SEATTLE IF YOU ARE TRAVELLING FROM
ANOTHER CITY ADVISE _____**

**ENCLOSED CHECK PAYMENT OF DEPOSIT \$500.00 PER PERSON
PAY \$450 FOR YOUR DEPOSIT ~ ONLY IF PAID BY 5 FEBRUARY, 2018!**

FOR ___ PERSONS @ \$500 EACH TOTAL \$ _____

PLUS: \$ _____ FOR INSURANCE TOTAL \$ _____

**FULL NON REFUNDABLE PAYMENT IS DUE BY FEBRUARY 13, 2018
RATES INCLUDE A 3% REDUCTION FOR PAYMENT BY CHECK, MONEY
ORDER (OR ONLINE BANKING PAYMENT - CALL FOR DETAILS)**

Complete applications (1 for each person) should be mailed with checks made
& mailed out to: **INTERNATIONAL HERITAGE TOURS ~ 7117 BATHURST
STREET, SUITE 200, THORNHILL, ONTARIO L4J 2J6 CANADA.**

A 3% SURCHARGE APPLIES TO CREDIT CARD PAYMENTS

***Paying by credit card Please fill out details below,
include a clear copy of ID and both sides of the credit card***

Credit card # _____ Expiry D / M _____

Name of cardholder _____

Signature of cardholder _____

**WE CANNOT OFFER
MEDICAL COVERAGE IN
THE TRAVEL INSURANCE
POLICY**

**PLEASE MAKE SURE TO
OBTAIN TRAVEL
INSURANCE WITH MEDICAL
COVERAGE IN YOUR
PLACE OF RESIDENCE**

**THE INSURANCE
PREMIUMS BELOW ARE
ONLY FOR NON MEDICAL
TRAVEL INSURANCE**

**Semi Inclusive for 1 person
in a double room** Non-
Medical insurance **including:**
trip cancellation; lost luggage
etc.

Up to 59 years:	\$242
to 64 years:	\$279
65 to 69 years:	\$330
70 to 74 years:	\$379
75 to 79 years:	\$639
80 to 84 years:	\$822

**Semi Inclusive for 1 person
in a single room** Non-Medical
insurance **including:** trip
cancellation; lost luggage etc.

Up to 59 years:	\$267
60 to 64 years:	\$309
65 to 69 years:	\$368
70 to 74 years:	\$424
75 to 79 years:	\$707
80 to 84 years:	\$913

A \$10 processing fee applies
to cancelled policies