

PASTORS' APPLICATION
YOUR DREAM OF WALKING THE GOSPELS CAN
HAPPEN

JOIN A PASTORS' STUDY TOUR TO ISRAEL
JANUARY 22 – 31, 2019

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 Pastors' Study Tour to
Israel, Spiritual director Pastor Craig Burton, January 22 – 31, 2019

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

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

MAILING ADDRESS STREET & # _____

CITY: _____ STATE: _____ ZIP CODE: _____

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

E-MAIL ADDRESS: _____

BIRTHDATE: DAY _____ MONTH _____ YEAR _____

PASSPORT # _____ COUNTRY _____ EXPIRY _____

CHURCH NAME: _____

POSITION _____ SUNDAY ATTENDANCE _____

EMERGENCY CONTACT: _____ TEL: () _____

FLIGHTS ARE FROM/TO TORONTO IF DEPARTING FROM ANOTHER CITY ADVISE _____

AIRFARES ARE AVAILBE FROM ACROSS NORTH AMERICA
FOR DETAILS CONTACT AVIE avie@ihtours.com

A DEPOSIT OF \$500 & A COMPLETE APPLICATION ARE REQUIRED TO SECURE PARTICPATION

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

FULL NON REFUNDABLE PAYMENT IS DUE NOVEMBER 19, 2018

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 IN THE USA
PLEASE ACQUIRE TRAVEL INSURANCE IN YOUR PLACE OF RESIDENCE

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POSITION _____ SUNDAY ATTENDANCE _____

I WISH TO ROOM WITH _____

EMERGENCY CONTACT: _____ TEL: () _____

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