

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: _____

CITY: _____ STATE: _____ ZIP CODE: _____

BIRTHDATE: DAY _____ MONTH _____ YEAR _____

PASSPORT # _____ COUNTRY _____ EXPIRY _____

CHURCH NAME: _____

POSITION _____ SUNDAY ATTENDANCE _____

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

E-MAIL ADDRESS: _____

I WISH TO ROOM WITH _____

SINGLE SUPPLEMENT IS \$489: YES ___ NO ___ WE WILL TRY TO FIND YOU A ROOM MATE IF WE CAN'T YOU WILL BE BILLED THE SINGLE SUPPLEMENT

EMERGENCY CONTACT: _____ TEL: () _____

FLIGHTS ARE FROM/TO TORONTO IF DEPARTING FROM ANOTHER CITY ADVISE _____ SEE ITINERARY FOR RATES

A 3% REDUCTION IS ALREADY INCLUDED FOR PAYMENT BY CASH, CHECK OR MONEY ORDER. **PRICES ARE IN CANADIAN \$** 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**

A DEPOSIT OF \$500, A COPY OF CREDENTIALS OR ORDINATION & A COMPLETE APPLICATION ARE REQUIRED TO SECURE PARTICIPATION

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

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

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

*TRAVEL INSURANCE DECLINED (signature) _____
RESIDE OUTSIDE OF ON, MB OR AB PAYMENT OF INSURANCE PREMIUMS IS BY CREDIT CARD ONLY. 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 ON, MB or AB 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.

PREMIUMS ARE SUBJECT TO CHANGE

PREMIUMS FOR TORONTO ONTARIO CONTACT AVIE avie@ihtours.com FOR PREMIUMS FROM OTHER CITIES

All Inclusive per person sharing a double room - Includes: Trip Cancellation, trip interruption, medical lost baggage, etc
 Up to 59 years: \$132
 60-64 years: \$156
 65-69 years: \$208
 70-74 years: \$353
 75-79 years: \$523
 80-84 years: \$686

Semi Inclusive per person sharing a double room - Includes: Trip Cancellation, trip interruption, lost baggage, etc.
 Up to 59 years: \$102
 60-64 years: \$123
 65-69 years: \$135
 70-74 years: \$150
 75-79 years: \$271
 80-84 years: \$356

All Inclusive per person In a single room - Includes: Trip interruption, trip cancellation, medical (For USA residents medical is limited to \$50,000), 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 cancelled policies

SPOUSE APPLICATION

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BIRTHDATE: DAY _____ MONTH _____ YEAR _____

PASSPORT # _____ COUNTRY _____ EXPIRY _____

CHURCH NAME: _____

POSITION _____ SUNDAY ATTENDANCE _____

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

E-MAIL ADDRESS: _____

I WISH TO ROOM WITH _____

EMERGENCY CONTACT: _____ TEL: () _____

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CHECK OR MONEY ORDER. **PRICES ARE IN CANADIAN \$**

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

A DEPOSIT OF \$500 IS REQUIRED TO SECURE PARTICIPATION

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

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

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

*TRAVEL INSURANCE DECLINED (signature) _____

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60-64 years: \$123
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70-74 years: \$150
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A \$10 processing fee will apply to cancelled policies