

APPLICATION ~ In the Footsteps of Jesus

a Spiritual Pilgrimage *With Pastor Ray and Nathalie Narula February 19 – 28, 2019*

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: In the Footsteps Of Jesus with Pastor Ray & Nathalie Narula ~ February 19 – 28, 2019

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 AT \$629: YES___ NO___ WE WILL TRY TO FIND 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 _____

Applications should be completed and mailed with cheques made out to:
INTERNATIONAL HERITAGE TOURS, 7117 BATHURST ST, SUITE 200, THORNHILL, ONTARIO L4J 2J6

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

ENCLOSED CHEQUE PAYMENT OF DEPOSIT \$350.00 PER PERSON

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

I REQUIRE INSURANCE: YES___ (circle in box on right) NO:___ (sign*)

*TRAVEL INSURANCE DECLINED (signature) _____

PLEASE NOTE TRAVEL INSURANCE MUST BE PAID FOR WITH THE DEPOSIT

PAY THE DEPOSIT BY OCTOBER 14, 2018 AND YOU WILL RECEIVE A \$95 REDUCTION PER PERSON

FULL NON REFUNDABLE PAYMENT IS DUE BY DECEMBER 11, 2018 MAKE THE FINAL PAYMENT UP UNTIL OCTOBER 31, 2018 AND TAKE A \$100 REDUCTION PER PERSON

PAYING BY CREDIT CARD ADD 3% - Complete the details below & please include a clear copy of ID and of both sides of the credit card.

Credit card # _____ Security code _____ (on the back)

Name of card holder _____ Expiry _____

Signature of card holder _____

TRAVEL INSURANCE PREMIUMS (subject to change)

All Inclusive for one person sharing a double room

Covering: Medical, trip cancellation, trip interruption, lost baggage, etc.

Up to 59 years:	\$203
60-64 years:	\$247
65-69 years:	\$323
70-74 years:	\$452
75-79 years:	\$667
80-84 years:	\$864

Semi Inclusive for one person sharing a double room

Covering: (No medical) trip cancellation, trip interruption, lost baggage etc.

Up to 59 years:	\$174
60-64 years:	\$193
65-69 years:	\$219
70-74 years:	\$251
75-79 years:	\$445
80-84 years:	\$563

All Inclusive for one person In a single room

Covering: Medical, trip cancellation, trip interruption, lost baggage etc.

Up to 59 years:	\$227
60-64 years:	\$277
65-69 years:	\$362
70-74 years:	\$497
75-79 years:	\$735
80-84 years:	\$954

Semi Inclusive for one person In a single room

Covering: (No medical), trip cancellation, trip interruption, lost baggage etc.

To age 59 years:	\$298
60-64 years:	\$223
65-69 years:	\$258
70-74 years:	\$296
75-79 years:	\$513
80-84 years:	\$653

A \$10 processing fee applies to cancelled policies