

APPLICATION

Join Dr. Henry A. Ozirney & Dr Wally & Betsy Wieser

Walking Together in the Footsteps of Jesus Through Israel

February 21 – March 3, 2019 & Optional extension Returning March 5, 2019

PLEASE MAIL A COPY OF ALL PASSPORT/S OPEN TO NAME AND VALIDITY WITH THIS APPLICATION. If passport/s is/are not available now fax later to SARA fax # 905 886-9769. Include the reference: Together in Israel, Dr. Wally Wieser, February 21 – March 3, 2019; Optional Israel extension returning March 5, 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

EMERGENCY CONTACT: _____ TEL: () _____

SINGLE SUPPLEMENT US\$658 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: _____

I/we want the ISRAEL EXTENSION RETURNING MARCH 5 Yes _____

Cost is \$388 per person Based on: A minimum of 15 participants & 2 people sharing a room; the single room supplement \$173

OPTIONAL LATE CHECK OUT \$108 PER PERSON March 3 YES _____

OR March 5 YES _____

GROUP IS TRAVELLING FROM / TO ABBOTSFORD IF DEPARTING FROM ANOTHER CITY ADVISE _____

ENCLOSED CHEQUE PAYMENT OF DEPOSIT \$350.00 PER PERSON

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

PLUS: \$ _____ FOR INSURANCE TOTAL \$ _____

FULL NON REFUNDABLE PAYMENT IS DUE BY DECEMBER 18, 2018

Applications should be completed and mailed with cheques made out to:
**INTERNATIONAL HERITAGE TOURS, 7117 BATHURST ST, SUITE 200,
THORNHILL, ONTARIO L4J 2J6. FOR PAYMENT BY CREDIT CARD ADD 3%
FILL OUT & PROVIDE ALL THE DETAILS BELOW**

I REQUIRE INSURANCE: YES _____ (circle in box on right) NO: _____ (sign*)
TRAVEL INSURANCE MUST BE PAID FOR BY CREDIT CARD WITH THE DEPOSIT

*TRAVEL INSURANCE DECLINED (signature) _____

Credit card # _____ CODE# (on back) _____

Name of card holder _____ Expiry _____

Signature of card holder _____ Include a clear copy of ID & of both sides of the credit card.

A MODEST INCREASE IN TRAVEL INSURANCE PREMIUMS APPLIES WHEN TAKING THE OPTIONAL EXTENSION OR FLYING FROM / TO CALGARY

PREMIUMS ARE SUBJECT TO CHANGE

All Inclusive for one person sharing a double room For ~

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

Up to 59 years:	\$213
60-64 years:	\$260
65-69 years:	\$340
70-74 years:	\$471
75-79 years:	\$697
80-84 years:	\$903

Semi Inclusive for one person sharing a double room For ~ (No medical) trip

cancellation, trip interruption, lost baggage etc.

Up to 59 years:	\$184
60-64 years:	\$206
65-69 years:	\$236
70-74 years:	\$270
75-79 years:	\$474
80-84 years:	\$602

All Inclusive for one person in a single room For ~

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

Up to 59 years:	\$237
60-64 years:	\$290
65-69 years:	\$378
70-74 years:	\$516
75-79 years:	\$765
80-84 years:	\$994

Semi Inclusive for one person in a single room For ~

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

To age 59 years:	\$208
60-64 years:	\$236
65-69 years:	\$274
70-74 years:	\$315
75-79 years:	\$542
80-84 years:	\$692

A \$10 processing fee applies to cancelled policies