

APPLICATION * LAND ONLY

START THE NEW YEAR TOGETHER IN ISRAEL

WITH PASTOR BOSE ODUEKE January 17 – 26, 2020

PLEASE MAIL A COPY OF ALL PASSPORT/S OPEN TO NAME AND VALIDITY WITH THIS APPLICATION.

If passport/s not available NOW send later TO SARA FAX # 905 886-9769 or email sara@ihtours.com.

Include the reference: Together in Israel, with Pastor Bose Oduke ~ January 17 – 26, 2020

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

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

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 nearest Israeli Consulate if a Visa is required

I WISH TO ROOM WITH: _____

THE SINGLE SUPPLEMENT IS \$579: YES ___ NO ___

WE WILL TRY TO FIND YOU A ROOM MATE IF WE CANNOT YOU WILL BE BILLED THE SINGLE SUPPLEMENT

EMERGENCY CONTACT: _____ TEL:() _____

THE GROUP IS DEPARTING FROM TORONTO CANADA IT IS YOUR RESPONSIBILITY TO MEET THE GROUP ON JANUARY 18, 2020 AT 10AM IN THE ARRIVALS HALL AT TEL AVIV'S BEN GURION AIRPORT

**WE OFFER REASONABLY PRICED INTERNATIONAL FLIGHTS AND ACCOMMODATION IN ISRAEL
CONTACT AVIE avie@ihtours.com FOR DETAILS**

ACQUIRE TRAVEL INSURANCE IN YOUR PLACE OF RESIDENCE

Applications should be completed and mailed as soon as possible with cheques made out to:

INTERNATIONAL HERITAGE TOURS, 7117 BATHURST ST, SUITE 200, THORNHILL, ONTARIO L4J 2J6.

ENCLOSE A CHEQUE FOR PAYMENT OF \$350.00 DEPOSIT PER PERSON

ONLY AN APPLICATION WITH A DEPOSIT SECURES YOUR SPOT

PAY YOUR DEPOSIT NO LATER THAN FEBRUARY 28, 2019 AND GET A \$100 REDUCTION

YOU'LL THEN PAY ONLY \$1,929 FOR THE TOUR

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

FULL NON REFUNDABLE PAYMENT IS DUE BY NOVEMBER 14, 2019

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

TOTAL TO BE PAID BY CREDIT CARD (WITH THE 3%) \$ _____

Credit card # _____ CODE# (on back) _____

Name of card holder _____ Expiry _____

Signature of card holder _____

Please include a clear copy of ID and of both sides of the credit card.