

APPLICATION

TOGETHER IN ISRAEL WITH REV. GARRY & JUDITH FESS

February 11 – 20, 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 Garry & Judith Fess, February 11 – 23, 2020

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# () _____

**GROUP DEPARTING FROM LONDON ON
IF DEPARTING FROM ANOTHER CITY ADVISE _____**

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

I WISH TO ROOM WITH: _____

THE SINGLE SUPPLEMENT IS \$799: YES ___ NO ___ WE WILL TRY TO FIND YOU A ROOM MATE IF WE CANNOT YOU WILL BE BILLED THE SINGLE SUPPLEMENT

EMERGENCY CONTACT: _____ TEL:() _____

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

ENCLOSED CHEQUE FOR PAYMENT OF DEPOSIT \$350.00 PER PERSON.

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

PLEASE NOTE TRAVEL INSURANCE MUST BE PAID FOR WITH THE DEPOSIT

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

PLUS: \$ _____ FOR INSURANCE TOTAL \$ _____

*TRAVEL INSURANCE DECLINED (signature) _____

FULL NON REFUNDABLE PAYMENT IS DUE BY DECEMBER 9, 2019.

**RATES ALREADY INCLUDE A 3% REDUCTION FOR PAYMENT BY CHEQUE, CASH,
EMAIL OR MONEY ORDER. FOR PAYMENT BY CREDIT CARD ADD THE 3% FILL
OUT AND PROVIDE ALL THE DETAILS BELOW**

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.

TRAVEL INSURANCE

If you reside outside of the Province of AB, MB, ON or SK Travel Insurance, **which we will process for you**, must be purchased directly through our Travel Insurance provider "Old Republic Insurance Company". & **If you reside outside of those Provinces, Credit Card payment is the only method of premium payment for Old Republic.** 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

All Inclusive for one person sharing a double room

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

Up to 59 years:	\$251
60-64 years:	\$308
65-69 years:	\$400
70-74 years:	\$544
75-79 years:	\$807
80-84 years:	\$1,049

Semi Inclusive for one person sharing a double room

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

Up to 59 years:	\$215
60-64 years:	\$245
65-69 years:	\$286
70-74 years:	\$329
75-79 years:	\$563
80-84 years:	\$718

All Inclusive for one person In a single room

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

Up to 59 years:	\$279
60-64 years:	\$342
65-69 years:	\$444
70-74 years:	\$596
75-79 years:	\$885
80-84 years:	\$1,152

Semi Inclusive for one person In a single room

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

To age 59 years:	\$243
60-64 years:	\$279
65-69 years:	\$330
70-74 years:	\$380
75-79 years:	\$640
80-84 years:	\$822

A \$10 processing fee applies to cancelled policies