

SPOUSE APPLICATION

YOUR DREAM OF WALKING THE GOSPELS CAN HAPPEN JOIN A PASTORS' STUDY TOUR TO ISRAEL, JANUARY 15 – 24, 2020

PLEASE MAIL A COPY OF ALL PASSPORTS OPEN TO NAME & VALIDITY WITH THIS APPLICATION.

If passport not available fax or email to SARA sara@ihtours.com FAX # 905 886-9769 Include Pastors' Study Tour to Israel, Spiritual directors Rev. Geoff Ross and Rev. Pierre Bergeron ~ January 15 – 24, 2020

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 _____

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,
EMAIL, 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

**A DEPOSIT OF \$500 & A COMPLETE APPLICATION 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**

FULL NON REFUNDABLE PAYMENT IS DUE NOVEMBER 12, 2019

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

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

*TRAVEL INSURANCE DECLINED (signature) _____

**RESIDE OUTSIDE AB, MB, ON OR SK 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 AB, MB, ON or SK a) Travel Insurance, which we will process for you, must be purchased directly through Old Republic Insurance Company our Travel Insurance provider. **b) 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 LISTED ARE FOR ONTARIO AND ARE SUBJECT TO CHANGE
PREMIUMS FOR RESIDENTS OF OTHER PROVINCES WILL VARY**

TRAVEL INSURANCE

All Inclusive per person sharing a double room - Includes: Trip Cancellation, trip interruption, medical lost baggage, etc

Up to 59 years:	\$172
60-64 years:	\$204
65-69 years:	\$272
70-74 years:	\$390
75-79 years:	\$576
80-84 years:	\$760

Semi Inclusive per person sharing a double 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