

# APPLICATION

## WALKING WHERE JESUS WALKED THROUGH ISRAEL & JORDAN, WITH PASTOR BOB & JOCELYN JONES

November 23 – December 4, 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](mailto:sara@ihtours.com) Include the reference: Walking Through Israel & Jordan, With Pastor Bob & Jocelyn Jones November 23 – December 4, 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# ( ) \_\_\_\_\_

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 \$1,269: YES \_\_\_ NO \_\_\_ WE WILL TRY TO FIND A ROOM MATE IF WE CANNOT YOU WILL BE BILLED THE SINGLE SUPPLEMENT

EMERGENCY CONTACT: \_\_\_\_\_ TEL:( ) \_\_\_\_\_

**GROUP IS DEPARTING FROM EDMONTON AB  
IF DEPARTING FROM ANOTHER CITY ADVISE \_\_\_\_\_**

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 \_\_\_\_\_ PEOPLE @ \$350 EACH TOTAL \$ \_\_\_\_\_  
**PLEASE NOTE TRAVEL INSURANCE MUST BE PAID FOR WITH THE DEPOSIT**

I REQUIRE INSURANCE YES \_\_\_\_\_ (circle premium on the right) NO: \_\_\_\_\_ (sign\*)

\*TRAVEL INSURANCE DECLINED (signature) \_\_\_\_\_

**FULL NON REFUNDABLE PAYMENT IS DUE BY SEPTEMBER 21, 2020**

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

PLUS: \$ \_\_\_\_\_ FOR INSURANCE TOTAL \$ \_\_\_\_\_

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.

### 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:	\$281
60-64 years:	\$345
65-69 years:	\$447
70-74 years:	\$593
75-79 years:	\$882
80-84 years:	\$1,151

#### Semi Inclusive for one person sharing a double room

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

Up to 59 years:	\$247
60-64 years:	\$286
65-69 years:	\$342
70-74 years:	\$396
75-79 years:	\$656
80-84 years:	\$845

#### All Inclusive for one person In a single room

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

Up to 59 years:	\$310
60-64 years:	\$381
65-69 years:	\$493
70-74 years:	\$646
75-79 years:	\$963
80-84 years:	\$1,259

#### Semi Inclusive for one person In a single room

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

To age 59 years:	\$276
60-64 years:	\$322
65-69 years:	\$388
70-74 years:	\$447
75-79 years:	\$737
80-84 years:	\$953

A \$10 processing fee applies to cancelled policies