

APPLICATION ~ Walking Where Jesus Walked, Together in Israel with Pastor Marvin and Sharlaine Wojda March 20 – 31, 2020

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

If passport/s not available NOW fax later ATT SARA TO FAX # 905 886-9769

Include: Walking Where Jesus Walked, Together in Israel with Pastor Marvin and Sharlaine Wojda March 20 – 31, 2020

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

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

MAILING ADDRESS: # & Street _____

CITY: _____ PROVINCE: _____ POSTAL CODE _____

**GROUP IS DEPARTING FROM SASKATOON
IF YOU ARE TRAVELLING FROM ANOTHER CITY ADVISE** _____

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#:() _____

I REQUIRE A SINGLE ROOM - SUPPLEMENT IS \$1,799: YES___ NO___

I WISH TO ROOM WITH: _____ WE WILL TRY TO FIND
A ROOM MATE IF WE CANNOT YOU WILL BE BILLED THE SINGLE SUPPLEMENT

Complete applications should be mailed with cheque(s) made out to:
**INTERNATIONAL HERITAGE TOURS, 7117 BATHURST ST, SUITE 200,
THORNHILL, ONTARIO L4J 2J6.**

**PRICES ALREADY INCLUDE A 3% REDUCTION FOR PAYMENT BY CHEQUE, EMAIL
OR MONEY ORDER. WHEN PAYING FOR ALL / ANY TOUR COST WITH A CREDIT
CARD ADD THE 3%.**

For email payment security question and answer contact Sara sara@ihtours.com

**FULL NON REFUNDABLE PAYMENT IS DUE BY JANUARY 16, 2020
YOU CAN MAKE MONTHLY POST DATED PAYMENTS UP UNTIL JANUARY 16, 2020**

I REQUIRE TRAVEL INSURANCE YES___ (circle appropriate premium)
NO___ (sign below*) **PREMIUMS MUST BE PAID FOR WITH THE DEPOSIT**

*TRAVEL INSURANCE DECLINED (signature) _____

ENCLOSED PAYMENT FOR THE DEPOSIT OF – \$350.00 PER PERSON
FOR _____ PEOPLE @ \$350 EACH TOTAL \$ _____

PLUS: \$ _____ FOR INSURANCE TOTAL \$ _____

FOR ANY CREDIT CARD PAYMENT PROVIDE ALL THE DETAILS BELOW

Credit card # _____ CODE# (on back) _____

Name of card holder _____ Expiry _____

Signature of card holder _____

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

PREMIUMS

All Inclusive for one person sharing a double room

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

Up to 59 years:	\$301
60-64 years:	\$370
65-69 years:	\$479
70-74 years:	\$635
75-79 years:	\$944
80-84 years:	\$1,233

Semi Inclusive for one person sharing a double room

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

Up to 59 years:	\$265
60-64 years:	\$308
65-69 years:	\$368
70-74 years:	\$423
75-79 years:	\$705
80-84 years:	\$908

All Inclusive for one person In a single room

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

Up to 59 years:	\$362
60-64 years:	\$446
65-69 years:	\$577
70-74 years:	\$749
75-79 years:	\$1,116
80-84 years:	\$1,462

Semi Inclusive for one person In a single room

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

To age 59 years:	\$326
60-64 years:	\$384
65-69 years:	\$465
70-74 years:	\$537
75-79 years:	\$877
80-84 years:	\$1,137

A \$10 processing fee applies to
cancelled policies