

PASTORS' APPLICATION

YOUR DREAM OF WALKING THE GOSPELS CAN HAPPEN

JOIN A PASTORS' STUDY TOUR TO ISRAEL, JANUARY 15 – 24, 2020

PLEASE INCLUDE A COPY OF CREDENTIALS OR CERTIFICATE OF ORDINATION

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

If passport not available fax later ATTENTION SARA FAX # 905 886-9769 Include Pastors' Study Tour to Israel, with Rev. Geoff Ross & 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 _____

SINGLE SUPPLEMENT IS \$478: YES ___ NO ___ WE WILL TRY TO FIND YOU A ROOM MATE IF WE CAN'T YOU WILL BE BILLED THE SINGLE SUPPLEMENT

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 COPY OF CREDENTIALS OR ORDINATION & A COMPLETE APPLICATION ARE 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

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

All Inclusive per person In a single room - Includes: Trip interruption, trip cancellation, medical (For USA residents medical is limited to \$50,000), lost baggage etc.

Up to 59 years: \$203
 60-64 years: \$247
 65-69 years: \$323
 70-74 years: \$454
 75-79 years: \$671
 80-84 years: \$867

Semi Inclusive per person In a single room - Includes: Trip cancellation, trip interruption, lost baggage etc.

Up to 59 years: \$1167
 60-64 years: \$184
 65-69 years: \$208
 70-74 years: \$238
 75-79 years: \$426
 80-84 years: \$537

A \$10 processing fee will apply to cancelled policies

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: () _____

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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) _____

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PREMIUMS FOR RESIDENTS OF
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TRAVEL INSURANCE

**All Inclusive per person sharing a
double room - Includes: Trip
Cancellation, trip interruption,
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70-74 years:	\$390
75-79 years:	\$576
80-84 years:	\$760

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