

APPLICATION

TOGETHER IN ISRAEL

WITH PASTOR CAL & TINA CARPENTER

November 12 – 21, 2019 & Jordan extension November 21 – 24, 2019

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 Cal & Tina Carpenter, November 12 – 21, 2019 & take the unique optional 4 day / 3 night Jordan extension returning November 24, 2019

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

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

MAILING ADDRESS: # & Street _____

CITY: _____ STATE: _____ ZIP CODE _____

DAY TIME TEL# () _____ HOME TEL# () _____

E-MAIL ADDRESS: _____

BIRTHDATE: DAY _____ MONTH _____ YEAR _____

PASSPORT # _____ COUNTRY _____ EXPIRY _____

If you do not have a USA passport inquire at the nearest Israeli Consulate if a Visa is required

I WISH TO ROOM WITH: _____

THE SINGLE SUPPLEMENT IS \$689: I REQUIRE A SINGLE/PRIVATE ROOM YES ___ NO ___
WE WILL TRY TO FIND A ROOM MATE IF WE CANNOT YOU WILL BE BILLED THE SINGLE SUPPLEMENT

EMERGENCY CONTACT: _____ TEL:() _____

GROUP DEPARTING FROM SEATTLE, WA. USA

IF DEPARTING FROM ANOTHER CITY ADVISE _____

TAKE THE UNIQUE OPTIONAL 4 DAY / 3 NIGHT JORDAN TOUR EXTENSION Cost per person \$775
Based on 2 sharing 1 room; Minimum 25 participants. Not included: The single supplement \$268; exit tax Israel & Jordan +/-US\$55 per person and gratuity +/-US\$50

ADD THE UNIQUE JORDAN EXTENSION RETURNING NOVEMBER 24, 2019 Yes _____

Applications should be completed and mailed as soon as possible with checks made out to

INTERNATIONAL HERITAGE TOURS,

7117 BATHURST ST, SUITE 200, THORNHILL, ONTARIO L4J 2J6. CANADA

When mailing please make sure you apply correct postage (stamp) value

ENCLOSED CHECK/S FOR PAYMENT OF DEPOSIT \$500.00 PER PERSON

FOR _____ PERSONS @ \$500 EACH TOTAL \$ _____

PLEASE SECURE TRAVEL INSURANCE IN YOUR PLACE OF RESIDENCE

FULL NON REFUNDABLE PAYMENT IS DUE BY SEPTEMBER 10, 2019

**RATES ALREADY INCLUDE A 3% REDUCTION FOR PAYMENT BY CHECK, 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 legible copy of ID and of both sides of the credit card.