## **APPLICATION**

## TOGETHER IN ISRAEL WITH PASTOR STEVE & LOIS WEXLER

February 11 – 20, 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 <a href="mailto:sara@ihtours.com">sara@ihtours.com</a>. Include the reference: Together in Israel, with Pastor Steve & Lois Wexler, February 11 – 20, 2020

LAST NAME (as it appears on your pass	ort):	
FIRST NAME (as it appears on your pass	oort):	
MAILING ADDRESS: # & Street		
CITY: STA	E: ZIP CODE	-
DAY TIME TEL# ( )	HOME TEL# ( )	
E-MAIL ADDRESS:		
BIRTHDATE: DAY M	NTHYEAR	
PASSPORT # COUNTRY_ If you do not have a USA passport inquire at the	EXPIRYnearest Israeli Consulate if a Visa is	required
GROUP DEPARTING FRO	M SEATTLE, WA. USA	
IF DEPARTING FROM ANOTHER CITY	DVISE	
I WISH TO ROOM WITH:		
THE SINGLE SUPPLEMENT IS \$669: I REQUIR WE WILL TRY TO FIND A ROOM MATE IF WE CANNO		
EMERGENCY CONTACT: Applications should be completed and mailed a INTERNATIONAL HI 7117 BATHURST ST, SUITE 200, THOR When mailing please make sure you a	s soon as possible with checks mad RITAGE TOURS, NHILL, ONTARIO L4J 2J6. CANAD	e out to
ENCLOSED CHECK/S FOR PAYMENT PAY THE DEPOSIT BY JULY 15 2019 AND YOU		
FOR PARTICPANTS @ \$ PLEASE SECURE TRAVEL INSURANCE	500 EACH TOTAL \$	
FULL NON REFUNDABLE PAYMEN		· <b>L</b>
MAKE YOUR FINAL PAYMENT UNTIL SEPTEMBER 1  RATES ALREADY INCLUDE A 39  BY CHECK, CASH, EMA  FOR PAYMENT BY CREDIT CARD ADD THE 3%, FIL	2019 AND TAKE A \$50 REDUCTION REDUCTION FOR PAYMENT LOR MONEY ORDER	_
Credit card #		
Name of card holder	Expiry	
Signature of card holder Please include a clear legible copy of II		