APPLICATION

TOGETHER IN ISRAEL WITH PASTOR TOM & CINDY NICODEMUS & PASTOR ROB & DEBBIE WARNER

JULY 7 – 16, 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. Include the reference: Together in Israel, with Pastor Tom & Cindy Nicodemus & Pastor Rob & Debbie Warner, July 7 – 16, 2020

LAST NAME (as it appe	ears on your	passport):			
FIRST NAME (as it app	ears on you	r passport):			
MAILING ADDRESS: #	& Street				
CITY:		_STATE:	ZIP CO	DDE	_
DAY TIME TEL# ()		HOME TI	ΞL# ()		
E-MAIL ADDRES	S:				
BIRTHDA ⁻	TE: DAY	MONTH	YEAR_		
PASSPORT # If you do not have a USA pass					
GROUP	DEPARTING	G FROM SEATT	ΓLE, WA. ι	JSA	
IF DEPARTING FROM	ANOTHER (CITY ADVISE_			
I WISH TO R	ROOM WITH	:			
THE SINGLE SUPPLEMENT IS WE WILL TRY TO FIND A ROOM MAT					
EMERGENCY CONTACT: Applications should be comp INT 7117 BATHURST ST, S When mailing please	leted and ma ERNATION SUITE 200,	ailed as soon as AL HERITAGE THORNHILL, O	s possible v TOURS, NTARIO L	vith checks ma	de out to
PLEASE ENCLOSE CHECK	K/S FOR PA	YMENT OF TH	E \$500 DE	POSIT PER PI	ERSON
DEPOSIT FOR IT IS IMPERATIVE YOU SECURE T					
FULL NONREF RATES ALREADY INCLUDE A 3% F FOR PAYMENT BY CREDIT CARD A	REDUCTION	I FOR PAYMEN ORDER.	IT BY CHE	CK, CASH, EN	
Credit card #		CODE# (on	back)	Expiry	
Name of card holder Please include a clea		Signatury of ID and of be	re of card oth sides o	holder f the credit card	 d.