

APPLICATION

START THE NEW YEAR TOGETHER IN ISRAEL WITH PASTOR BOSE ODUEKE January 17 – 26, 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 Bose Oduke ~ January 17 – 26, 2020

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

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

MAILING ADDRESS: # & Street _____

CITY: _____ PROVINCE: _____ POSTAL CODE _____

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

I WISH TO ROOM WITH: _____

THE SINGLE SUPPLEMENT IS \$579: 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 TORONTO

IF DEPARTING FROM ANOTHER CITY ADVISE _____

ONLY AN APPLICATION WITH A DEPOSIT SECURES YOUR SPOT

**PAY YOUR DEPOSIT NO LATER THAN FEBRUARY 28, 2019
AND GET A \$100 REDUCTION**

YOU'LL THEN PAY ONLY \$2999 FOR THE TOUR

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

INTERNATIONAL HERITAGE TOURS, 7117 BATHURST ST, SUITE 200, THORNHILL, ONTARIO L4J 2J6.

ENCLOSE A CHEQUE FOR PAYMENT OF \$350.00 DEPOSIT PER PERSON

FOR _____ PEOPLE @ \$350 EACH TOTAL \$ _____

PLEASE NOTE TRAVEL INSURANCE MUST BE PAID FOR WITH THE DEPOSIT

I REQUIRE INSURANCE: YES _____ (circle the premium in box on right) NO: _____ (sign below*)

*TRAVEL INSURANCE DECLINED (signature) _____

FULL NON REFUNDABLE PAYMENT IS DUE BY NOVEMBER 14, 2019.

**RATES ALREADY INCLUDE A 3% REDUCTION FOR PAYMENT BY CHEQUE, CASH OR MONEY ORDER.
FOR PAYMENT BY CREDIT CARD ADD THE 3% FILL OUT AND PROVIDE ALL THE DETAILS BELOW**

PLUS: \$ _____ FOR INSURANCE TOTAL \$ _____

Credit card # _____ CODE# (on back) _____

Name of card holder _____ Expiry _____

Signature of card holder _____

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

PREMIUMS ARE SUBJECT TO CHANGE

All Inclusive for one person sharing a double room

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

Up to 59 years:	\$224
60-64 years:	\$273
65-69 years:	\$356
70-74 years:	\$493
75-79 years:	\$729
80-84 years:	\$945

All Inclusive for one person in a single room

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

Up to 59 years:	\$244
60-64 years:	\$299
65-69 years:	\$389
70-74 years:	\$532
75-79 years:	\$787
80-84 years:	\$1,022

A \$10 processing fee applies to cancelled policies