APPLICATION

JOIN PASTOR GEOFF ROSS ON PILGRIMAGE IN THE FOOTSTEPS OF PAUL AND THE BOOK OF REVELATION THROUGH GREECE & TURKEY ~ April 28 – May 12, 2020

PLEASE MAIL A COPY OF ALL PASSPORT/S OPEN TO NAME AND VALIDITY WITH THE APPLICATION/S. If passport/s not available NOW fax later ATTENTION SARA FAX # 905 886-9769. Include: Rev. Ross in the Footsteps of Paul, & the Book of Revelation through Greece & Turkey April 28 – May 12, 2020

Book of Revelation through	n Greece & Turkey April 2	28 – May 12, 2020
LAST NAME (as it appears o	n your passport):	
FIRST NAME (as it appears of	on your passport):	
MAILING ADDRESS STREE	T & #:	
CITY:	PROVINCE:	POSTAL CODE
DAY TIME TEL# ()	HOME TE	L# ()
E-MAIL ADDRESS:		
BIRTHDATE: DAY MC	ONTHYEAR	
PASSPORT#	COUNTRY	EXPIRY
I WISH TO ROOM WITH: ROOM MATE IF WE CANNO	OT YOU WILL HAVE TO PA	WE WILL TRY TO FIND A AY THE SINGLE SUPPLEMENT
SINGLE SUPPLEMENT	C\$777: YES NO	_
EMERGENCY CONTACT: _	TEL:()
GROUP TRAVELLING FROM TORONTO IF DEPARTING I		DVISE
I REQUIRE INSURANCE: Y	ES (circle in box or T BE PAID FOR WITH TH	n right) NO:** sign below E DEPOSIT
FOR PE	RSONS @ \$500 EACH	TOTAL \$
PLUS: \$	FOR INSURANCE	TOTAL \$
INTERNATIONAL HERITAG	S SHOULD BE MAILED W E TOURS, 7117 BATHUR	/ITH PAYMENT MADE OUT TO: POSIT \$500.00 PER PERSON
BELOW.	MONEY ORDER ~ ALRE T BY CREDIT CARD <u>ADD :</u>	
If you reside outside of the P method of premium payment deposit/s please fill out the c	for Old Republic. Before	SK, credit cards are the only mailing your Application/s and
CREDIT CARD#	[EXPIRY
NAME OF CARD HOLDER_		CVV #
SIGNATURE OF CARD HOLD PLEASE INCLUDE A CLEAR	EROF ID AND OF BOT	

TRAVEL INSURANCE

If you reside outside of the Province of AB, MB, ON or SK Travel Insurance, which we will process for you, must be purchased directly through our Travel Insurance provider "Old Republic Insurance Company". If you reside outside of those Provinces, Credit Cards are the only method of premium payment for Old Republic. 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 PER PERSON All Inclusive

2 Sharing A double room

For ~ Trip cancellation, trip interruption, medical, lost baggage. etc

Up to 59 years: \$265 60-64 years: \$325 65-69 years: \$422 70-74 years: \$570 75-79 years: \$846 80-84 years: \$1,100

Semi Inclusive 2 Sharing A double room

For ~ No medical, trip cancellation, trip interruption, lost baggage etc.

Up to 59 years: \$229 60-64 years: \$262 65-69 years: \$308 70-74 years: \$354 75-79 years: \$602 80-84 years: \$777

All Inclusive Single room

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

Up to 59 years: \$293 60-64 years: \$359 65-69 years: \$466 70-74 years: \$621 75-79 years: \$923 80-84 years: \$1,204

Semi Inclusive Single room

For ~ No medical, trip cancellation, trip interruption, lost baggage etc.

To age 59 years: \$257 60-64 years: \$396 65-69 years: \$353 70-74 years: \$406 75-79 years: \$679 80-84 years: \$874

A \$10 processing fee applies to cancelled policies