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 throu	gh Greece & Turkey April	28 – May 12, 2020
LAST NAME (as it appears	s on your passport):	
FIRST NAME (as it appear	s on your passport):	
MAILING ADDRESS STRE	EET & #:	
CITY:	PROVINCE:	POSTAL CODE
DAY TIME TEL# ()	HOME TE	EL# ()
E-MAIL ADDRESS:		
BIRTHDATE: DAY I	MONTHYEAR	
PASSPORT#	COUNTRY	EXPIRY
I WISH TO ROOM WITH: ROOM MATE IF WE CAN	NOT YOU WILL HAVE TO P	WE WILL TRY TO FIND A PAY THE SINGLE SUPPLEMENT
	C\$777: YES NO_	
EMERGENCY CONTACT:	TEL:()
GROUP TRAVELLING FR TORONTO IF DEPARTING	COM/TO G FROM ANOTHER CITY A	DVISE
TRAVELLING FROM/TO	TORONTO A REDUCTION (OF \$169 APPLIES ~ YES
I REQUIRE INSURANCE: TRAVEL INSURANCE MU	YES (circle in box o	n right) NO:** sign below
FOR F	PERSONS @ \$500 EACH	TOTAL \$
PLUS: \$	FOR INSURANCE	TOTAL \$
COMPLETE APPLICATION INTERNATIONAL HERITA	AGE TOURS, 7117 BATHUF	VITH PAYMENT MADE OUT TO: RST ST, SUITE 200, THORNHILL, EPOSIT \$500.00 PER PERSON
PAYMENT BY CHEQUE OREDUCTION. FOR PAYMEBELOW.		,
	•	r SK, credit cards are the only
method of premium payme		mailing your Application/s and
CREDIT CARD #		EXPIRY
NAME OF CARD HOLDER	₹	CVV #
SIGNATURE OF CARD HO	LDER	

PLEASE INCLUDE A CLEAR COPY OF ID AND OF BOTH SIDES OF THE CREDIT CARD.

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