

APPLICATION ~ WALKING WHERE JESUS WALKED THROUGH ISRAEL & JORDAN, WITH PASTOR BOB & JOCELYN JONES ~ November 23 – December 4, 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: Walking Through Israel & Jordan, With Pastor Bob & Jocelyn Jones November 23 – December 4, 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 \$1,268: YES ___ NO ___ WE WILL TRY TO FIND A ROOM MATE, IF WE CANNOT YOU WILL HAVE TO PAY THE SINGLE SUPPLEMENT

EMERGENCY CONTACT: _____ TEL:() _____

**GROUP IS DEPARTING FROM EDMONTON AB
IF DEPARTING FROM ANOTHER CITY ADVISE** _____

A DEPOSIT OF \$350 per person & COMPLETE APPLICATION/S ARE REQUIRED TO SECURE PARTICIPATION SPACE IS LIMITED APPLY NOW!!

FOR _____ PARTICIPANTS @ \$350 EACH TOTAL \$ _____
IF YOU WANT TRAVEL INSURANCE IT MUST BE PAID FOR WITH THE DEPOSIT

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

PLUS: \$ _____ FOR INSURANCE TOTAL \$ _____

*TRAVEL INSURANCE DECLINED (signature) _____

PLEASE NOTE ~ you are not obliged to purchase travel insurance from us.

FULL NONREFUNDABLE FINAL PAYMENT BY CREDIT CARD IS DUE BY SEPTEMBER 21, 2020.

Complete application/s should be mailed with credit card details or cheques made out to:
INTERNATIONAL HERITAGE TOURS, 7117 BATHURST ST, SUITE 200, THORNHILL, ON L4J 2J6. **You can make bi-weekly or monthly postdated payments up until September 21, 2020!!**

PAYMENT IS BY CREDIT CARD FILL OUT AND PROVIDE ALL THE DETAILS BELOW / FOR PAYMENT BY CHEQUE, EMAIL, MONEY ORDER, OR CASH TAKE A 3% REDUCTION

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 FOR AB & 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:	\$271
60-64 years:	\$333
65-69 years:	\$432
70-74 years:	\$575
75-79 years:	\$855
80-84 years:	\$1,115

Semi Inclusive for one person sharing a double room

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

Up to 59 years:	\$238
60-64 years:	\$274
65-69 years:	\$326
70-74 years:	\$376
75-79 years:	\$629
80-84 years:	\$809

All Inclusive for one person In a single room

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

Up to 59 years:	\$313
60-64 years:	\$385
65-69 years:	\$498
70-74 years:	\$653
75-79 years:	\$972
80-84 years:	\$1,271

Semi Inclusive for one person In a single room

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

To age 59 years:	\$279
60-64 years:	\$326
65-69 years:	\$393
70-74 years:	\$453
75-79 years:	\$746
80-84 years:	\$965

A \$10 processing fee applies to cancelled policies