

APPLICATION November 17 – 26, 2020

Walking the Bible Together in the Footsteps of Jesus Through Israel with Rev. Leyton & Brenda Erickson

PLEASE MAIL A COPY OF ALL PASSPORTS OPEN TO NAME & VALIDITY WITH THIS APPLICATION If passport not available fax later ATTENTION SARA FAX # 905 886-9769 Include: Walking Together in the Footsteps of Jesus Through Israel with Rev. Leyton and Brenda Erickson November 17 – 26, 2020

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

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

MAILING ADDRESS: _____

CITY: _____ Province _____ Postal Code _____

DAYTIME 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 \$1,059: YES ___ NO ___ WE WILL TRY TO FIND YOU A ROOM MATE IF WE CAN'T THE SINGLE SUPPLEMENT MUST BE PAID

EMERGENCY CONTACT: _____ TEL: () _____

**GROUP IS FLYING WEST JET FROM SASKATOON TO TORONTO RETURN & ON EL AL TORONTO TO TEL AVIV RETURN
IF DEPARTING FROM ANOTHER CITY ADVISE _____**

Complete application/s should be mailed with credit card details or cheques made out to:
**INTERNATIONAL HERITAGE TOURS, 7117 BATHURST STREET, SUITE 200,
THORNHILL, ONTARIO. L4J 2J6 CANADA**

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

DEPOSIT \$350 PER PERSON: \$ _____ PLUS INSURANCE TOTAL \$ _____

IF YOU WANT TRAVEL INSURANCE IT MUST BE PAID FOR WITH THE DEPOSIT

I REQUIRE INSURANCE YES ___ (circle appropriate premium) NO ___ (sign*)

*TRAVEL INSURANCE DECLINED (signature) _____

YOU ARE NOT OBLIGED TO PURCHASE TRAVEL INSURANCE FROM US

RESIDE OUTSIDE OF AB., MB. OR ON., PAYMENT OF INSURANCE PREMIUMS IS ONLY BY CREDIT CARD. COMPLETE & PROVIDE ALL THE DETAILS BELOW

FULL NONREFUNDABLE FINAL PAYMENT IS DUE BY SEPTEMBER 15, 2020.

You can make bi-weekly or monthly postdated payments up until September 15, 2020

**FOR PAYMENT BY CREDIT CARD COMPLETE THE DETAILS BELOW
FOR PAYMENTS MADE BY EMAIL, CHEQUE, MONEY ORDER OR CASH
YOU CAN TAKE A 3% REDUCTION**

Credit card # _____ Expiry _____

Name of cardholder _____

3 Digit code _____ (on the back) Signature of cardholder _____

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

TRAVEL INSURANCE

If you reside outside of AB, MB or ON Travel Insurance, which we will process for you, must be purchased directly through our Travel Insurance provider "Old Republic Insurance Company."

Please note ~ Credit Card payment is the only method of payment for Old Republic premiums. 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 ARE QUOTED FOR SASKATCHEWAN. PREMIUMS FROM OTHER PROVINCES WILL VARY MODESTLY.

All Inclusive per person sharing a double room - Includes: Trip

Cancellation, trip interruption, medical lost baggage, etc.

Up to 59 years:	\$251
60-64 years:	\$308
65-69 years:	\$400
70-74 years:	\$544
75-79 years:	\$807
80-84 years:	\$1,049

Semi Inclusive per person sharing a double room - Includes: Trip

Cancellation, trip interruption, lost baggage, etc.

Up to 59 years:	\$215
60-64 years:	\$246
65-69 years:	\$286
70-74 years:	\$329
75-79 years:	\$563
80-84 years:	\$718

All Inclusive per person In a single room - Includes: Trip interruption, trip

cancellation, medical (For USA residents medical is limited to \$50,000), lost baggage etc.

Up to 59 years:	\$289
60-64 years:	\$355
65-69 years:	\$461
70-74 years:	\$615
75-79 years:	\$914
80-84 years:	\$1,191

Semi Inclusive per person In a single room - Includes: Trip cancellation, trip

interruption, lost baggage etc.

Up to 59 years:	\$253
60-64 years:	\$292
65-69 years:	\$347
70-74 years:	\$399
75-79 years:	\$670
80-84 years:	\$861

A \$10 processing fee will apply to cancelled policies

PREMIUMS ARE SUBJECT TO CHANGE