

REGISTRATION for Come, See the Place ... Israel, The Holy Land

Hosted by Pastor Jeff and Diana Loach

October 28 – November 7, 2020

6501

PLEASE PRINT & RESPOND IN ALL AREAS OR MARK AS “N/A”

LAST NAME (as it will appear on your Passport) Mr. / Mrs. /MS

FIRST NAME/S (as it will appear on your Passport)

NATIONALITY OF PASSPORT DATE OF BIRTH (Day / Month / Year)

NAME you would like on your NAME BADGE

ADDRESS Apt # STREET Number and Name

CITY PROV/ STATE POSTAL/ZIP CODE

PHONE Home () Other Phone (Cell/Work)

E MAIL ADDRESS we can use to contact you

For Travelers Without a Travel Companion: Christian Journeys will try to find a suitable person to share a Twin room with you. However, there is no guarantee that we can do this. If another person is not available at the time of the journey, the Single Room Supplement will be charged.

Please mark an X in your choice.

YES try to find a suitable person to share with me OR NO I will pay the Extra Single Room Supplement

YOUR TRAVELLING COMPANION INFORMATION (if applicable)

LAST NAME (as it will appear on Passport) Mr. / Mrs. /MS

FIRST NAME (as it will appear on Passport)

RELATIONSHIP (Spouse/ Friend/ Relative etc.)

DATE of BIRTH (Day / Month / Year) NATIONALITY of PASSPORT

NAME to print on their NAME BADGE

ADDRESS (if different from yours) Apt # STREET & Number

CITY PROV/ STATE POSTAL/ZIP CODE

PHONE Home () Other Phone (Cell/Work)

Contact E MAIL ADDRESS

For Twin/Double Occupancy, please Indicate your Preference: 2 beds OR 1 bed

PLEASE TURN OVER, COMPLETE & SIGN



PAYMENT OPTIONS for the DEPOSIT of CAD \$ 400.00 per person

- 1) CHEQUE or BANK DRAFT payable to Christian Journeys.
- 2) E TRANSFER through your bank web site. Send it to info@christian-journeys.com with your name and the journey name in the message section. If prompted by your bank, you may need to send a 2nd e mail to that same address to advise us of a security password to access the payment.
- 3) CREDIT CARD. We only accept VISA and MASTERCARD and there is an additional 3% processing fee on all payments made by Credit Card. Please complete the following or phone our office with the details:

CHARGE \$ PLUS 3% to CREDIT CARD #

EXPIRY / Name as it Appears on Credit Card

AIR TRAVEL

(CHECK ONE) YES I/we plan to use GROUP AIR or NO I/we will book our own Air Travel

ANY SPECIAL AIRLINE REQUESTS or AMENDMENTS, including Upgrades to Premium Economy or Business, must be received and confirmed PRIOR to 90 days before departure.

NO AIRLINE CHANGES ARE ALLOWED WITHIN 90 DAYS OF DEPARTURE.

CANCELLATION CHARGES

Your deposit is subject to Cancellation Charges. All Cancellation Requests must be received in writing. Full Payment is due 90 days prior to departure. Cancellation Charges Are As Follows:

Up to 91 days before departure: \$150.00 per person 90 - 61 days before departure: 25% of journey price
60 - 46 days before departure: 50% of journey price 45 - 0 days before departure: 100% of journey price

TRAVEL INSURANCE

MEDICAL TRAVEL INSURANCE of a minimum of CAD \$250,000.00 is mandatory for all passengers to have. Christian Journeys also strongly recommends that each passenger has travel insurance coverage for TRIP CANCELLATION and TRIP INTERRUPTION. This insurance can be purchased through Christian Journeys and options are provided to all participants.

PLEASE NOTE: Christian Journeys has partnered with third party suppliers to compose this tour program. None of the third parties, such as airlines, hotels, coach companies and guides are employees of our company. If, for any reason beyond our control, we cannot supply a portion of the itinerary due to the actions of a third party, we will replace that component with comparable or superior services.

I / We have read and understand all of the booking conditions and the cancellation policies of this tour.

SIGNATURE (S) / **DATE**

CHRISTIAN JOURNEYS

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