

**REGISTRATION for HOLY LAND JOURNEY PILGRIMAGE**

**Hosted by Fr. DAN STEVENOT & Fr. WAYNE POILE**

**MAY 16 - 30, 2020**

**# 6341**

**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 this Credit Card:

CREDIT CARD # ..... EXPIRY ..... / ..... CVV \_\_\_\_ \_

Name as it Appears on Credit Card .....

**CANCELLATION CHARGES**

**Your journey DEPOSIT is subject to Cancellation Charges, per person. Any Cancellation Request must be received in writing or by e mail. Full Payment is due 60 days prior to departure.**

**Cancellation Charges are as follows:**

- Prior to Mar 16, 2020: \$ 150.00 per person    60 - 45 days before departure: 25% of journey price**
- 44 - 31 days before departure: 50% of journey price**
- 30 - 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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