

**REGISTRATION for
ISRAEL, THE HOLY LAND JOURNEY
Hosted by Father Dan Stevenot
06 MAY – 17 MAY 2024**

7115

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 \$ 500.00 per person

Please check the option you choose to make your deposit payment

- 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. Our e transfer process does not normally require a password. If you are prompted by your bank to give one, please **phone our office** to advise us of the 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. **For Security Reasons, please phone our office to provide your Credit Card details.**

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 GROUP AIR DATE 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:

| | |
|---|---|
| Prior to Feb 06, 2024: \$300.00 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 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. Insurance 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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