*REGISTRATION for EXPERIENCE ISRAEL 2020 Journey*

 *May 15 to 26, 2020 # 6316*

**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 ..……………………………….……...………...….…..……………………….…...…..……

**Indicate your Preference:**  TWIN (2 bed accommodation) ……. OR DOUBLE (1 bed accommodation) …..…

***NOTE: This is a request only*. The hotels do their best to accommodate your preference but we cannot guarantee room type.**

***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 toinfo@christian-journeys.com. If prompted, you may need to send a 2nd email to info@christian-journeys.com to give us the security password for 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:

CHARGE $ …………..….... **PLUS 3%** to:

CREDIT CARD # …..…………………...……………...…............................ EXPIRY DATE .….….. **/** ……….

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

**CANCELLATION CHARGES**

**Your journey DEPOSIT is subject to Cancellation Charges. 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:**

**Up to 61 days before departure: $ 150.00 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 $50,000.00 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 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 …** ………………………………………..…….…….….… **DATE** ……………….………………….

## *CHRISTIAN JOURNEYS*

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 **T.I.C.O. # 2976741**