

REGISTRATION FORM: EVANS JOURNEY THROUGH the HOLY LAND November 1 – 12, 2019 # 6278

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 CITY

PROV/ STATE POSTAL/ZIP CODE PHONE Home ()

Other Phone (Cell/Work) E MAIL We Can Use To Contact You

"TRAVEL PARTNER PROGRAM" for Travelers with No Companion (Check One). Would you like Christian Journeys to try to find someone to share a Twin room with you? YES or NO, I will pay the Extra Single 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 NAME BADGE

ADDRESS (if different from yours) Apt STREET & NUMBER

CITY PROV/ STATE POSTAL /ZIP CODE

PHONE (if different) () Contact EMAIL

PAYMENT OPTIONS for the DEPOSIT of \$ 400.00 CAD 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 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 circle if your credit card is U.S. or Canadian

Please complete the following:

CHARGE \$ CAD OR USD Plus 3% to CREDIT CARD #

EXPIRY DATE / Name as it Appears on Credit Card

Full payment is required 60 days prior to departure. 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.

CANCELLATION CHARGES

Up to 61 days before departure: \$150.00 CAD 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

**MEDICAL TRAVEL INSURANCE of a minimum of CAD \$250,000.00 is mandatory for all passengers to have.
TRAVEL INSURANCE is available to purchase through Christian Journeys.**

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

SIGNATURE (S) DATE

CHRISTIAN JOURNEYS, A SUVARA TRAVEL GROUP COMPANY

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