

**ISRAEL TOUR****May 21-May 31, 2019**

Tour Leader: Dr. David Sherbino, Professor – Tyndale Seminary

Tour Price: \$3495pp + \$685pp tax based on double occupancy

Organized by: Verstraete Travel and Cruises

**Enter your COMPLETE NAME (please enclose a copy of the photo page of your passport)****1** Mr / Mrs / Ms

(Circle one)

Last Name:

First:

Middle:

Date of Birth (Day/Month/Year)

**2** Mr / Mrs / Ms

(Circle one)

Last Name:

First:

Middle:

Date of Birth (Day/Month/Year)

Address:

Apt. #

Town

Province

Postal Code

Home Phone:

Cell Phone or Business Phone

E-mail:

**Accommodations:** Please note that most hotel accommodations will be twin bedded rooms, but due to hotel limitations, some locations will only have double beds. Please indicate below if you would like to share a room with a specific person.

My preferred roommate is: \_\_\_\_\_ (request only, not guaranteed)

(name of preferred roommate)

Single Supplement on Request. Additional Cost \$975.00

**Airline and Travel Information: (Special Needs)**Passenger **1** Diet: \_\_\_\_\_ Passenger **2** Diet: \_\_\_\_\_Medical Information: **1** \_\_\_\_\_ **2** \_\_\_\_\_**If you would prefer your NAME BADGE** to show your name differently than the official name needed for the tickets, please fill in the information below:Passenger **1** \_\_\_\_\_ Passenger **2** \_\_\_\_\_**Emergency Contact in Canada:**

Last Name:

First:

Relationship

Town

Province

Home Phone

Bus. Phone

## Insurance:

*In order to cover yourself against cancellation and/or hospital /medical costs we strongly recommend that you purchase either all-inclusive or non-medical insurance for this trip. Prices may be different for non-residents of Ontario.*

**All-Inclusive Insurance** - includes Out of Country Medical, Travel Cancellation and Trip Interruption, Travel Accident, Baggage and Personal effects insurance

**Non-Medical Insurance** - same as above except there is **NO** Out of Country Medical Insurance

The premiums are listed below. You can choose either all-inclusive or non-medical insurance.

Age at Time of Booking	Insurance Type	All-Inclusive	Non-Medical	With Single Supplement All-Inclusive	With Single Supplement Non-Medical
	0 – 59 years		\$320.00	\$285.00	\$365.00
60 – 64 years		\$390.00	\$325.00	\$445.00	\$380.00
65 – 69 years		\$480.00	\$360.00	\$545.00	\$425.00
70 – 74 years		\$645.00	\$410.00	\$725.00	\$485.00
75 – 79 years		\$815.00	\$595.00	\$915.00	\$690.00
80 – 84 years		\$1,060.00	\$760.00	\$1,190.00	\$890.00

The insurance premium is non-refundable as soon as payment has been received.

If you have any travel insurance through your credit card company or elsewhere, **please make sure** that you have sufficient coverage.

**If you choose not to purchase the offered insurance you must sign and date the waiver below.**

*I, the undersigned, have refused the purchase of insurance offered by Verstraete Travel and Cruises and therefore, will not hold Verstraete Travel and Cruises responsible for any penalties or expenses incurred if I have to cancel or become ill on the trip.*

Signature \_\_\_\_\_

Date \_\_\_\_\_

## Deposit Information:

			# of passengers		
Tour deposit	\$900.00	x	_____	=	_____
Insurance passenger ①	1	x	_____	=	_____
Insurance passenger ② (if applicable)	1	x	_____	=	_____
<b>Total Deposit</b>				<b>\$</b>	<b>_____</b>

Payment by: **Cheque**  Payable to Verstraete Travel & Cruises **Credit Card**  Fill out information below

**Credit Card Information:** \_\_\_\_\_

(if applicable)      Type of Card      Card Number      Expiry Date

\$ \_\_\_\_\_  
Amount of Deposit

\_\_\_\_\_  
Signature

**Deposit:** **\$900 per person** deposit at the time of booking **plus** your insurance payment and credit card service fee, if applicable.

**Balance due:** **March 1, 2019**

**All "General Terms and Conditions" as stated on the Israel Tour brochure apply.**

Application Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Mail booking form and deposit to:

**Verstraete Travel & Cruises**

300 – 14845 Yonge Street, Aurora, ON L4G 6H8

416-969-8100 1-800-565-9267 or fax 905-727-8113

email: [aurora@verstraete.com](mailto:aurora@verstraete.com)

website: [www.verstraetetravel.com](http://www.verstraetetravel.com)