



PO Box 932 St Catharines, ON, L2R 6Z4, Canada

Email: info@gracetelevision.net Phone: +1.905.346.4828 Fax: 905 346 0160

Grace Israel Tour 2010 Registration Form (3 Pages in Total)

Name: _____
(as it appears on your passport)

Address: _____

City: _____ Prov: _____ Postal Code: _____

Phone: _____ Alt. Phone: _____

E-mail: _____

Date of Birth: (mm/dd/yyyy) ____/____/____ Place of Birth: _____

Note: if you are under 18 years of age and traveling alone, a parent or legal guardian must sign a Comprehensive Waiver and Release of Liability, Agreement to Conditions of Tour, Likeness Release and Indemnity Agreement for you. Please call for a copy of the waiver.

PASSPORT INFORMATION:

A passport valid for 6 months after the tour return date is required for travel. No visas are necessary for Canadian or US citizens. Citizens of another country, please contact the Israeli Consulate for passport or visa information.

Passport Number: _____ Expiration Date: _____

* Please send a copy of your Passport Photo page along with this form

TRAVEL ARRANGEMENTS:

Roommate (if known): _____ Single Supplement at \$600: Yes _____ No _____

INSURANCE (see last page for details and rates):

I am purchasing insurance at the additional price of \$_____.

PLEASE INCLUDE INSURANCE PREMIUM WITH YOUR \$300 DEPOSIT

I do not want insurance added to the total cost of my package price (please initial and date here to decline coverage): _____ (date) _____

EMERGENCY CONTACT:

Please notify: Name _____ Tel. _____

Relationship: _____

PAYMENT (\$300 per person deposit due with registration PLUS applicable insurance):

I am enclosing a deposit for _____ persons at \$300.00 each. Sub total \$ _____

Plus: \$ _____ for insurance

Total enclosed: \$ _____

Credit Card

I authorize World Impact Ministries to charge \$ _____ at this time.

Visa MasterCard

Credit Card number: _____ Exp. Date ____/____

Name as it appears on card: _____

Signature _____

Check

Please make checks payable to: World Impact Ministries

Full payment due March 1st 2010. All reservations made after this date will need to be paid-in-full upon notification

Cancellations and Refunds:

Up to 90 days prior to departure – refund of deposit (less \$150 administration fee)

90 days prior to departure – deposit non-refundable.

45 days prior to departure – full payment non-refundable

I have friends who are interested in going on this tour! Please send them an information package (please list name, address and tel. number).

I have read and accept the terms and conditions for the Grace Israel Tour 2010

Signature _____ Date _____

To complete your reservation, please send a copy of your Passport Photo page with this completed and signed form as well as your deposit to:

World Impact Ministries

Grace Israel Tour 2010

PO Box 932, St. Catharines ON L2R 6Z4

You may fax a copy to 905-346-0160 or scan and email to racheal@wayofpeace.net

SHARING DOUBLE ROOM

Rates for All Inclusive Insurance with: Trip Cancellation, medical, trip interruption, lost baggage, etc

Up to 59 years:	\$161
60-64 years:	\$196
65-69 years:	\$257
70-74 years:	\$357
75-79 years:	\$446
80-84 years:	\$572

SHARING DOUBLE ROOM

Rates for Semi Inclusive Insurance with: Trip Cancellation, (no medical) Trip Interruption, lost baggage etc.

Up to 59 years:	\$138
60-64 years:	\$154
65-69 years:	\$180
70-74 years:	\$203
75-79 years:	\$347
80-84 years:	\$434

RATES SINGLE ROOMS

Rates for All-Inclusive Insurance with: Trip Cancellation, medical, Trip Interruption, lost baggage etc To age 59 years: \$181

60-64 years:	\$222
65-69 years:	\$290
70-74 years:	\$396
75-79 years:	\$504
80-84 years:	\$644

RATES SINGLE ROOMS

Rates for Semi Inclusive Insurance with: Trip Cancellation, (no medical), Trip Interruption, lost baggage etc.

To age 59 years:	\$159
60-64 years:	\$180
65-69 years:	\$213
70-74 years:	\$241
75-79 years:	\$399
80-84 years:	\$492



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