REGISTRATION FORM for SAANICH BAPTIST CHURCH GROUP to JORDAN & ISRAEL MAY 5 – 19, 2020

6311

PLEASE PRINT & RESPOND IN \underline{ALL} AREAS OR MARK AS "N/A"

| LAST NAME (as it will appear on your Passport) |
|--|
| 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 Name & Number |
| CITY PROV/ STATE POSTAL/ZIP CODE |
| PHONE Home () |
| E MAIL ADDRESS we can use to contact you |
| For Travelers Without a Travel Companion: Christian Journeys will <u>try</u> 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 |
| YOUR TRAVELLING COMPANION INFORMATION (if applicable) |
| LAST NAME (as it will appear on Passport) |
| 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 |
| PHONE Home () |
| Contact E MAIL ADDRESS |
| Do you Request Twin or Double Beds? TWIN |

PLEASE TURN OVER, COMPLETE & SIGN

PAYMENT OPTIONS for the DEPOSIT of CAD \$ 400 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 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. Full Payment is due 60 days prior to departure. Cancellation Requests must be received in writing or by e mail. 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 CAD \$250,000.00 is mandatory for all passengers to have. |
| Christian Journeys strongly recommends that each passenger also has Travel Insurance Coverage for TRIP CANCELLATION and TRIP INTERRUPTION. Travel insurance options are provided by Christian Journeys to each participant. |
| 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 |
| PLEASE INDICATE IF YOU ARE INTERESTED IN JOINING THE EGYPT EXODUS PRE-TRIP |
| CHRISTIAN JOURNEYS |

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