



Healing 4 the Holy Land Tour with Joan Hunter

March 8-19, 2018

REGISTRATION FORM

Tour includes the following:

- * Round trip airfare from New York to Tel Aviv
(Land & airfare packages only)
- * 2 nights in Tel Aviv
- * 2 nights in Tiberias
- * 5 nights in Jerusalem
- * Breakfast and Dinner daily
- * 2 lunches
- * Group transfers on arrival and departure
- * Touring in a deluxe air-conditioned bus
- * English speaking guide
- * Sightseeing and all entrance fees to sites
- * Tips to guides, driver & dining room waiters
- * Hotel taxes and service charges
- * Porterage

Tour Cost does not include:

- * Visas (if required)
- * Meals not listed as included
- * Travel insurance
- * Items of a personal nature

Please check the appropriate boxes to sign up for your tour:

TOUR PRICING Price per person	FULL COST (Credit Card)	Discounted Rate (Pay by Check)
LAND TOUR <i>(double occupancy)</i>	<input type="checkbox"/> \$1,854	<input type="checkbox"/> \$1,800
Additional Cost for Single Occupancy	<input type="checkbox"/> \$ 755	<input type="checkbox"/> \$ 733
LAND & AIR FROM NYC	<input type="checkbox"/> \$3,148	<input type="checkbox"/> \$3,057

Person 1:

First name: _____ MiddleName: _____ LastName: _____

Nationality: _____ DOB: _____ Gender: _____ Passport No.: _____ Exp: _____

Name to appear on name tag: _____ Sharing with: _____

Person 2:

First name: _____ MiddleName: _____ LastName: _____

Nationality: _____ DOB: _____ Gender: _____ Passport No.: _____ Exp: _____

Name to appear on name tag: _____ Sharing with: _____

I AM SUBMITTING THIS FORM WITH A \$500 PER PERSON DEPOSIT
Please enter name information on pg 1 as it appears on your passport (one form per household).

PAYMENT (Full payment is due by January 9, 2018)

Billing

Address: _____ **City:** _____ **State:** _____ **Zip** _____

Home Phone: _____ **Cell:** _____ **Email:** _____

Total depot to be paid: # of people _____ **X \$500 per person = \$** _____

Check

Credit Card

Credit Card #: _____ **Exp:** _____ **Security Code:** _____

Today's Date: _____ **Signature:** _____

It is ok to charge this credit card for the full balance due (minus my deposit) on January 9, 2018

OR

Please charge my credit card listed above in installments as follows:

Bi-weekly installments of \$ _____ **each (after submitting deposit), commencing on**
_____ **until total payment is complete (must be completed before January 9, 2018)**

Monthly installments of \$ _____ **each (after submitting deposit), commencing on**
_____ **until total payment is completed (must be completed before January 9, 2018)**

By completing and submitting this form, I agree to the terms and conditions listed below:

Disclaimer: Ayelet Tours, Ltd., Joan Hunter Ministries and IGT act only as agents for the tour members in making arrangements for hotels, transportation, touring, restaurants or any other services in connection with the itinerary. We will exercise reasonable care in making such arrangements. However, we do not assume any liability whatsoever for any injury, damage, loss, accident, delay or irregularity to person and property because of an act of default of any hotel, airline carrier, restaurant, company or person rendering any of the services included in the tour. The right is reserved to cancel or change itineraries or to substitute comparable services without notice. The right is reserved to decline, to accept or retain any tour passengers should such person's health or general department impede the operation of the tour to the detriment of the other tour passengers.

CANCELLATION POLICY: \$100 per person charged if cancelled once booked, plus any applicable airline penalties. \$250 per person charged if cancelled 60-31 day before departure plus any applicable airline penalties. 100% penalties apply if cancelled 30 days or less before departure.

IMPORTANT: Passport must be valid for 6 months after your return travel date. Please notify us if you have difficulty walking, as the tour will include times of extensive walking. Should you need a wheelchair, we require that you are able to get on and off the bus unaided and/or that you have a paying tour member joining you on the tour to assist when necessary. It is important that you request a wheelchair prior to arrival.

Please assign a same-sex roommate

(Roommate will be assigned unless roommate name is noted above or you choose to reserve a single room)

Special Requests: _____

I am traveling with the following friends who are booking separately, please put us on the same bus: _____

Food Allergies: _____

Please contact me about flights from my departure city of: _____

I require medication or treatment assistance (please specify): _____

**MAIL PRINTED FORM TO:
JOAN HUNTER MINITRIES, C/O**

***Ayelet* Tours, Ltd.**



**19 AVIATION ROAD
ALBANY, NY 12205
or fax to 518.783.6003**

PHONE: 800.237.1517 or 518.783.6001 FAX: 518.783.6003

EMAIL: ayelet@ayelet.com

ONLINE Registration is also available at

<http://secure.ayelet.com/JoanHunterMar2018.aspx>