



# Miracles Happen 2020 Israel Tour with Joan Hunter

October 15-25, 2020

## REGISTRATION FORM

**Tour cost includes the following:**

- \* 2 nights in Tel Aviv (Oct. 16-18, 2020)
- \* 2 nights in Tiberias (Oct. 18-20, 2020)
- \* 5 nights in Jerusalem (Oct. 20-25, 2020)
- \* Breakfast & dinner daily
- \* 2 lunches
- \* Tips to guides, driver & dining room waiters
- \* Touring in a deluxe air-conditioned bus
- \* English-speaking guide
- \* Sightseeing and all entrance fees to sites
- \* Transfers upon arrival & departure if arriving on October 16th and departing on October 25th
- \* Hotel taxes and service charges
- \* Porterage
- \* Bottled water on the bus

**Tour cost does not include:**

- \* Visas (if required)
- \* Meals not listed as included
- \* Items of a personal nature
- \* Travel insurance (highly recommended)
  - [group policy](#) available)

**ONLINE REGISTRATION AVAILABLE AT:**  
<https://secure.ayelet.com/JoanHunter2020.aspx>

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

TOUR PRICING Price per person	Rate per person (Check or Credit)
<b>LAND TOUR</b> <i>(double occupancy)</i>	<input type="checkbox"/> \$2,919
<b>LAND &amp; AIR FROM JFK</b> <i>(double occupancy)</i>	<input type="checkbox"/> \$4,448
<b>Additional Cost for Single Occupancy</b>	<input type="checkbox"/> \$883

- Please add an additional stay for me at the Metropolitan Tel Aviv (\$275/nt double OR \$255/nt single)
- Please add an additional stay for me at the Leonardo Jerusalem (\$265/nt double OR \$245/nt single)
- Dates: From: \_\_\_\_\_ To: \_\_\_\_\_
- Please contact me for connecting flights (once available) to/from JFK from: \_\_\_\_\_
- Please add the [group insurance policy](#) to my reservation (insurance cost will be added to your invoice after booking)

Person 1 (Please enter name information as it appears on the passport):

First name: \_\_\_\_\_ Middle name: \_\_\_\_\_ Last name: \_\_\_\_\_

Nationality: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_ Passport No.: \_\_\_\_\_ Exp: \_\_\_\_\_

Name to appear on name tag: \_\_\_\_\_ Sharing with: \_\_\_\_\_ OR

- Please assign a same-sex roommate

Person 2 (Please enter name information as it appears on the passport):

First name: \_\_\_\_\_ Middle name: \_\_\_\_\_ Last name: \_\_\_\_\_

Nationality: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_ Passport No.: \_\_\_\_\_ Exp: \_\_\_\_\_

Name to appear on name tag: \_\_\_\_\_ Sharing with: \_\_\_\_\_

Mailing Address:

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

**ADDITIONAL INFORMATION:**

- Food Allergies/Special Requests: \_\_\_\_\_
- I am traveling with the following friends who are booking separately: \_\_\_\_\_
- Please contact me about flights from my departure city of: \_\_\_\_\_
- I require medication or treatment assistance (please specify): \_\_\_\_\_

**PLEASE SUBMIT PASSPORT PICTURE PAGE FOR EACH TRAVELER,  
REQUIRED IN ADVANCE OF TRAVEL.**

**I AM SUBMITTING THIS FORM WITH A \$500 PER PERSON DEPOSIT**

**PAYMENT (Full payment is due by August 14, 2020)**

Total deposit to be paid: # of people \_\_\_\_\_ X \$500 per person = \$ \_\_\_\_\_

- Check (payable to Ayelet Tours, Ltd.)
- Credit Card:  Please contact me to set up a credit card payment plan.

Name as it appears on card: \_\_\_\_\_

Credit Card #: \_\_\_\_\_ Exp: \_\_\_\_\_ Security Code: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Today's Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**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.

**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 deportment impede the operation of the tour to the detriment of the other tour passengers.

**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.

**MAIL FORM AND PAYMENT TO:**

Ayelet Tours, Ltd.  
ATTN: Joan Hunter Ministries  
19 Aviation Road  
Albany, NY 12205

**QUESTIONS?**

PHONE: 800.237.1517 or 518.783.6001  
FAX: 518.783.6003  
EMAIL: [ayelet@ayelet.com](mailto:ayelet@ayelet.com)

