



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)
LAND TOUR <i>(double occupancy)</i>	<input type="checkbox"/> \$2,919
LAND & AIR FROM JFK <i>(double occupancy)</i>	<input type="checkbox"/> \$4,448
Additional Cost for Single Occupancy	<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

