

# ISRAEL - A MISSION OF INSPIRATION TOUR

Escorted by Rev. John Klomps

**October 17 – 27, 2011**

Tour Price: **\$2,850.00** plus taxes per person based on double occupancy

*Organized by: Verstraete Travel and Cruises*

**Enter your Last and First Name below (as it appears in your passport)**

① Mr/Mrs/Ms.  
(Circle one) Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Date of Birth (Day/Month/Year) \_\_\_\_\_

② Mr/Mrs/Ms.  
(Circle one) Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Date of Birth (Day/Month/Year) \_\_\_\_\_

Address: \_\_\_\_\_ Apt. # \_\_\_\_\_

Town \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Home Phone: \_\_\_\_\_ Bus. Phone or Fax: (indicate which) \_\_\_\_\_ E-mail: \_\_\_\_\_

Indicate your preference:  Twin-bedded (2beds) accommodation  Double-bedded (1 bed) accommodation  
(This is not a guarantee, only a request. The hotels will do their best to accommodate your preference but cannot guarantee room type.)  
 Single Supplement (Additional \$595)

**Amsterdam Stopover on Return:**

Yes, we would like to make a stopover in Amsterdam on the return

**We will contact you to discuss your Amsterdam stopover arrangements. Please note that there will be extra costs for airfare and insurance.**

**Special Needs:** Passenger ① Diet: \_\_\_\_\_  Wheelchair for distance/stairs at airports - Yes

Passenger ② Diet: \_\_\_\_\_  Wheelchair for distance/stairs at airports - Yes

**Medical Information:** (Indicate any information of which the tour escort and/or hotels should be aware)

① \_\_\_\_\_ ② \_\_\_\_\_

**If you would prefer your NAME BADGE** to show your name differently than the official name needed for the tickets, please fill in the information below:

Passenger ① \_\_\_\_\_ Passenger ② \_\_\_\_\_

**Emergency Contact in Canada:**

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Relationship \_\_\_\_\_

Town \_\_\_\_\_ Province \_\_\_\_\_ Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

**Insurance:**

*In order to cover yourself against cancellation and/or hospital /medical costs we strongly recommend that you purchase either all-inclusive or non-medical insurance for this trip.*

**All-Inclusive Insurance** - includes Out of Country Medical, Travel Cancellation and Trip Interruption, Travel Accident, Baggage and Personal effects insurance

**Non-Medical Insurance** - same as above except there is **NO** Out of Country Medical Insurance.

The premiums are listed below. You can choose either all-inclusive or non-medical insurance.

Age at Time of Booking	Insurance Type	All-Inclusive	Non Medical	All Inclusive Single Supplement	Non Medical Single Supplement
	0 – 59 years		\$210.00	\$180.00	\$235.00
<b>60 – 64 years</b>		<b>\$255.00</b>	<b>\$200.00</b>	<b>\$290.00</b>	<b>\$235.00</b>
65 – 69 years		\$315.00	\$220.00	\$355.00	\$260.00
<b>70 – 74 years</b>		<b>\$440.00</b>	<b>\$250.00</b>	<b>\$485.00</b>	<b>\$295.00</b>
75 – 79 years		\$545.00	\$360.00	\$600.00	\$415.00
<b>80 – 84 years</b>		<b>\$700.00</b>	<b>\$455.00</b>	<b>\$755.00</b>	<b>\$510.00</b>
85 plus		\$835.00	\$505.00	\$900.00	\$570.00

**The insurance premium is non-refundable, as soon as payment has been received.**

If you have any travel insurance through your credit card company or elsewhere, please make sure that you have sufficient coverage.

**If you choose not to purchase the offered insurance you must sign and date the waiver below.**

*I, the undersigned, have refused the purchase of travel Insurance offered by Verstraete Travel and Cruises and therefore, will not hold Verstraete Travel and Cruises responsible for any penalties or expenses incurred if I have to cancel or become ill on the trip.*

\_\_\_\_\_  
Signature \_\_\_\_\_ Date

**Payment Calculation:**

		# of passengers		
Deposit	\$750.00	x _____	=	_____
Insurance passenger ①	\$ _____	x 1	=	_____
Insurance passenger ②	\$ _____	x 1	=	_____

**Total Deposit:** \$ \_\_\_\_\_

**Payment by:**  **Cheque**  Payable to Verstraete Travel & Cruises (\$75pp credit to be applied to final payment)

**Credit Card**  Fill out information below

**Credit Card Information:** (if applicable)

\_\_\_\_\_  
Type of Card Card Number \_\_\_\_\_ Expiry Date

\$ \_\_\_\_\_  
Amount of Deposit

\_\_\_\_\_  
Signature

**Balance is due August 10, 2011**  
**All "General Terms and Conditions" as stated on the**  
**Israel – A Mission of Inspiration Tour 2011 brochure apply.**

**Application Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Mail booking form and payment information to:**

**Verstraete Travel & Cruises**  
300 – 14845 Yonge Street, Aurora, ON L4G 6H8  
416-969-8100 1-800-565-9267 or fax 905-727-8113  
email: [aurora@verstraete.com](mailto:aurora@verstraete.com)  
website: [www.verstraetetravel.com](http://www.verstraetetravel.com)