

**DOOR OF HOPE  
ATHENS & ISRAEL JOURNEY  
03 – 15 APR, 2008  
REGISTRATION FORM**

FIRST & LAST NAME.....  
(as appears on passport)

ADDRESS.....

CITY..... POSTAL CODE.....

PHONE: (HOME)..... PHONE: (WORK).....

EMAIL: (HOME)..... EMAIL: (WORK).....

DATE OF BIRTH:..... NATIONALITY OF PASSPORT:.....

**TRAVELLING COMPANION INFORMATION**

FIRST & LAST NAME.....  
(as appears on passport)

ADDRESS.....

CITY..... POSTAL CODE.....

PHONE: (HOME)..... PHONE: (WORK).....

EMAIL: (HOME)..... EMAIL: (WORK).....

DATE OF BIRTH:..... NATIONALITY OF PASSPORT:.....

Please enclose your deposit of CAD\$400 to Christian Journeys. If paying by credit card please complete the following.  
A 3.% surcharge is applicable to the total tour cost when paying by credit card.

CREDIT CARD: VI..MC..AX.. CARD #:.....EXP:.....

**IMPORTANT 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. Comprehensive Travel Insurance is strongly recommended and is made available to all passengers. Deposits and insurance are non-refundable, unless a replacement can be found.

I have read and understand the booking conditions of this tour. SIGNATURE:.....DATE:.....

**CHRISTIAN JOURNEYS & TOURS  
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