

**ISRAEL 'GRAFTED' JOURNEY
MARCH 25 – APRIL 06, 2006
REGISTRATION FORM**

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

ADDRESS.....

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

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

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

DATE OF BIRTH:..... NAME BADGE: I would like the name badge to read.....

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:.....NAME BADGE: I would like the name badge to read.....

Please enclose your deposit (CAD\$400) or balance payment cheque, plus insurance, made out to Christian Journeys (A 3% surcharge applies to credit card payments).

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. Tour deposits are non-refundable 120 days prior to departure.

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

**CHRISTIAN JOURNEYS & TOURS
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