

**ISRAEL JOURNEY
MARCH 30 – APRIL 10, 2006
BOOKING FORM**

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

ADDRESS.....

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

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

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

PASSPORT #:..... DATE OF EXPIRY:.....

DATE OF BIRTH:..... NAME BADGE TO READ.....

'TRAVEL PARTNER PROGRAM' Would you like us to find someone to share a twin room with.....

TRAVELLING COMPANION INFORMATION

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

ADDRESS.....

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

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

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

PASSPORT #:..... DATE OF EXPIRY:.....

DATE OF BIRTH:..... NAME BADGE TO READ.....

Please enclose your deposit cheque payment of \$400 plus insurance, made out to Christian Journeys. If paying by credit card please complete the following: (Please note that a 3% surcharge applies for credit card payments.)

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. Tour deposits are non-refundable with full payment 60 days prior to departure.

Christian Journeys assumes no responsibility or liability resulting out of injury, loss, accident or amendments in itinerary, delay or changes in transportation due to schedules or any other cause.

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

**CHRISTIAN JOURNEYS & TOURS
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