

**ISRAEL JOURNEY
07 – 18 NOVEMBER, 2008
BOOKING FORM**

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

ADDRESS.....

CITY..... ZIP/POSTAL CODE.....

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

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

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

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

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

TRAVELLING COMPANION INFORMATION (Spouse or friend)

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

ADDRESS.....

CITY..... ZIP/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 cheque payment of \$400, made out to Christian Journeys. If paying by credit card please complete the following; (A 3% surcharge applies to balance 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.

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

**CHRISTIAN JOURNEYS & TOURS
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