

BOOKING FORM for LIVING TRUTH HOLY LAND JOURNEY NOV. 2010

NAME (as it appears on Passport, or First and Last Name).....

NATIONALITY OF PASSPORT HOLDER DATE OF BIRTH (Day, Month, Year)

ADDRESS Apt. Street and Number

CITY PROV. or STATE POSTAL CODE

PHONE with Area Code (HOME) PHONE (WORK)

EMAIL (HOME) EMAIL (WORK)

'TRAVEL PARTNER PROGRAM' Would you be willing to share a twin room? YES NO

I/WE WISH TO RESERVE THE PRE-HOLY LAND JOURNEY TO EGYPT YES..... NO.....

I/WE WISH TO RESERVE THE POST-HOLY LAND JOURNEY TO JORDAN YES..... NO.....

YOUR TRAVELLING COMPANION INFORMATION (if applicable)

NAME (as it appears on Passport, or First and Last Name)

RELATIONSHIP TO ABOVE PERSON (Spouse, Friend, Relative etc.)

ADDRESS Apt. Street

CITY PROV. or STATE POSTAL CODE or ZIP

PHONE with Area Code (HOME) PHONE (WORK).....

IF THIS COMPANION IS YOUR SPOUSE: NATIONALITY OF PASSPORT HOLDER

DATE OF BIRTH (Day, Month, Year)

EMAIL (HOME) EMAIL (WORK)

Please enclose your deposit cheque payment of \$ 400. per person payable to Christian Journeys.

If paying by credit card, complete the following: (**NOTE:** a 3% surcharge applies to the balance payment only)

PLEASE CHARGE \$ _____ TO MY: VISA _____ MASTERCARD _____ AMERICAN EXPRESS _____

CREDIT CARD # EXP:.....

NAME AS IT APPEARS ON CREDIT CARD

IMPORTANT NOTE: Peoples Ministries Inc., operating as Living Truth, has contracted with Christian Journeys to facilitate this tour. To accomplish this Christian Journeys has partnered with third party suppliers to compose this tour. None of the third parties, such as airlines, hotels, coach companies and guides are employees of Christian Journeys. 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. Full payment is required 60 days prior to departure. Peoples Ministries Inc. assumes no responsibility or liability resulting out of injury, loss, accident or amendments in itinerary, delay or changes in transportation due to schedule or any other cause.

I have read and understand the booking conditions of this tour and understand that an admin. fee of Cad\$125 will be charged for cancellations prior to 01August 2010.

SIGNATURE DATE

CHRISTIAN JOURNEYS

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