

PILGRIMAGE RESERVATION REGISTRATION FORM CONTRACT

MAIL TO: ----- Jerusalem Tours Inter. 5085 East Main Street Columbus, OH. 43213	I (we) would like to join you on the following Trip: New Wineskin Ministries TO ISRAEL on departure date: November 10, 2011 Enclosed is my (our) deposit check of \$300 per person + \$235 pp. Recommended <u>optional Insurance, payable to: Jerusalem Tours.</u> <small>(cancellation fees do apply to deposit checks)</small>
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Jerusalem Tours International strongly recommends the purchase of travel insurance.

I (we) Decline The insurance package, Signature: _____ (Insurance premium to be paid with deposit)

The group tour departs from Indianapolis, IN. Should you prefer a different city, you have the following 2 options:

1. I (we) would like Jerusalem Tours International to make flight arrangements from my (our) home city to the group departure city as stated in Jerusalem Tours International itinerary, if possible. (Arrangements will be made approximately 45 to 60 days before departure at an additional cost). Jerusalem Tours International can not guarantee adding, deviating or changing a group domestic or international flight ticket.

Name of requested Airport and city of departure: _____ Signature: _____

2. I (we) will handle my (our) own flight arrangements from my (our) home city to the departure city as stated in Jerusalem Tours International itinerary. (Jerusalem Tours International recommends that you arrive in the group departure city airport three (3) hours before international flight schedule). Before ticket purchase, call Jerusalem Tours International for international flight time schedules. Signature: _____

- Trip cost: **\$3729** per person in double occupancy. Single room - add \$549 per person.
- **INCLUDING:** Airport tax & fuel surcharges (currently \$600) subject to change by the airlines and Tips.
- **NOT INCLUDING:** Trip Insurance. An updated statement will be sent to each traveler about 30 days prior departure including the actual fuel surcharges cost, **for immediate payment** (travel documents will be sent after balance is paid in full).

NOTE: Jerusalem Tours Int'l is not responsible for any airline tickets not purchased through them or for non-refundable fees. Some Airline or Cruise Line tickets could be TOTALLY NON-REFUNDABLE !!

NAMES: (Please print) (As they appear in your passport)	Single Room	Name of Roommate: (If applicable)	Smoker	Special Meal	Male / Female	Handicap Information	Birth Date (needed for insurance)
1.	Yes/ No		Yes/ No		M / F		
2.	Yes/ No		Yes/ No		M / F		
3.	Yes/ No		Yes/ No		M / F		

Valid US Passport required. Please send us a copy of the first page of your US Passport showing all data, prior to ticket issuing. Passports, Travel documents & Entrance Visa are the customer sole responsibility.

Letters and Tickets Delivery Address:

(As we ship UPS or FedEx, We cannot deliver tickets to a P.O. Box Number)

STREET ADDRESS: _____ City: _____ State: _____ Zip: _____ - _____

Home Telephone: (_____) _____ Work Telephone: (_____) _____

Cell: (_____) _____ Email: _____

My (our) signature indicate(s) that I (we) have read and agree to the Terms and Conditions included with this trip package.
ALL PASSENGERS MUST SIGN THIS FORM:

1. _____ 2. _____ 3. _____ Date: _____

Limited number of single rooms are available at supplementary cost per night or as otherwise stated. If applicable, additional costs for airport departure tax, entrance visa and travel insurance will be Included on your invoice. Travel insurance and airport departure tax are non-refundable. Jerusalem Tours International has the right to modify, amend or cancel this offering from the marketplace, based on the number of reservations received through its option dates. See Jerusalem Tours International Terms and Conditions.

* Please make a copy of the completed registration form and keep it for your records.



For further information please call:
Ms. Carolyn Hunt
TEL: (317) 546-3747
or Jerusalem Tours at 614-501-6714 (FAX: 614-501-6739).
TOLL FREE: 1-888-373-8687