## INTERNATIONAL HERITAGE TOURS REGISTRATION FORM (Please Complete One per Person) Your Tour Operators are Ari & Sara — sara@ihtours.com • 1-877-999-8868 ext 391 TOUR TO ISRAEL with Joe Amaral — September 9th to 18th, 2024

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Your Full Name as it Appears on Yo	ur Passport:				
Your Preferred Name (ie: Your nam	ne is Katherine, but you prefer t	to be called Kate):			
Mailing Address:					
		Postal Code:			
Cell Phone Number:					
Email Address:					
Citizenship:	Passport Nu	Passport Number:			
Birthdate: (YYYY/MM/DD)	l'v	l've included a photocopy of my passport			
O DOUBLE ROOM — I'm travelin O DOUBLE ROOM — I am sharing ————————————————————————————————————	g as a single and don't mind shag a room with (list their name):  ———————————————————————————————————	onal cost of \$(To Be Determined) OR aring a room (we will pair you up) OR			
	on this tour available until October 2	2023, you can secure your spot with a deposit.			
O Deposit OR		\$300			
O Full Payment OR		\$ (To Be Determined)			
<ul> <li>Land Only Payment (you arrang</li> </ul>	\$ (To Be Determined)				
☐ Single Room Supplement (to ha	\$ (To Be Determined)				
☐ Insurance (please see our webs					
TOTAL	\$				

International Heritage Tours requires a deposit of \$300 per person which is refundable up to 90 days before departure (less \$150 administrative fees per person), less than 90 days before departure the deposit is non-refundable and final non-refundable payment of the balance is due 60 days before departure. Credit card payments are subject to a 3% surcharge.

## Please Make Cheques Payable & Mail Registration to:

INTERNATIONAL HERITAGE TOURS 7117 Bathurst Street, Suite #200 Thornhill, ON L4J 2J6

Attn: Ari Bauer & Sara Kroparo

## Please send E-Transfers to:

accounting@ihtours.com
In the notes, please include the passenger(s) name(s) as well as "Group File 5084—Joe Amaral Group"
Please email this completed registration form to:
sara@ihtours.com