

Calvary Spokane Israel Tour

Led by Pastor Ken Ortize

January 3-15, 2021

Registration Form

TRAVELER #1

ALL NAMES MUST APPEAR **EXACTLY** AS THEY ARE ON YOUR PASSPORT

First _____ Middle _____ Last _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: () _____ Home: () _____ Cell: () _____
Work: () _____ Fax: () _____
Email: _____

Passport Information

Passport No. _____ Nationality: _____ Date of Birth: _____
Place of Birth: _____ Date of Issued: _____
*Expiration Date: _____ (*Passport must be valid 6 months beyond the date of travel).
I have physical limitations that require special attention: Yes _____ No _____
If yes, please describe anything that might be of concern or require special arrangements, including medications:

Accommodations request: I would like...

_____ A Double Room (\$4,963) per person
My Roommate's name is _____
_____ To be matched with a compatible roommate.
_____ A Single Room (\$6,256)

If you need a roommate, we will attempt to find one for you. If we are unable to find you a roommate, then you will be responsible for paying the additional single supplement cost.

TRAVELER #2

ALL NAMES MUST APPEAR **EXACTLY** AS THEY ARE ON YOUR PASSPORT

First _____ Middle _____ Last _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: () _____ Home: () _____ Cell: () _____
Work: () _____ Fax: () _____
Email: _____

Passport Information

Passport No. _____ Nationality: _____ Date of Birth: _____
Place of Birth: _____ Date of Issued: _____
*Expiration Date: _____ (*Passport must be valid 6 months beyond the date of travel).
I have physical limitations that require special attention: Yes _____ No _____
If yes, please describe anything that might be of concern or require special arrangements, including medications:

Accommodations request: I would like...

_____ A Double Room (\$4,963) per person
My Roommate's name is _____
_____ To be matched with a compatible roommate.
_____ A Single Room (\$6,256)

If you need a roommate, we will attempt to find one for you. If we are unable to find you a roommate, then you will be responsible for paying the additional single supplement cost.

Tour Costs

LAND & AIR: ALL-INCLUSIVE: DOUBLE OCCUPANCY (2 per room). Includes hotels, entrance fees, attractions, breakfasts & dinner; 4 lunches, luxurious bus, driver & guide.	\$4,963 per person
LAND Only: [Book your own flights]	\$3,463 per person
SINGLE Room: [Additional \$1,293]	\$6,256 per person

Flight Details

Flight Costs are based on a group fare with a minimum of 10 people flying Alaska Air & El Al, round trip from Seattle to Tel Aviv. Flight times are...

Alaska Airlines, Flight AS742 on JAN 3 from *Seattle to San Francisco*; **departing @ 9:20am**, Arriving 11:35am
El Al Airlines Flight LY020, from *San Francisco to Tel Aviv*; **departing @ 3:00pm**, arriving 2:40pm on JAN 4

El Al Airlines Flight LY021 on JAN 15 from *Tel Aviv to Las Vegas*; **departing @ 8:15am**, arriving @ 12:45pm
Alaska Airlines Flight AS1349, from *Las Vegas to Seattle*; **departing @ 5:20pm**, arriving @ 8:08pm on JAN 15

Payment Schedule

Non-refundable Deposit , Due at time of registration	\$300.00 per person
First Payment , due 45 days before departure	\$1,500.00 per person
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Balance due, <i>double occupancy</i> , November 1, 2020	\$3,163.00 per person
Balance due, <i>single occupancy</i> , November 1, 2020	\$4,456.00 per person
Balance due, <i>land only</i> November 1, 2020	\$1,663.00 per person

Cancellation and Refunds

Deposit of \$300 is non-refundable.

Airfare – from August 1, 2020, \$200 per person of the flight price is non-refundable.
from November 1, 2020, the total flight price is non-refundable.

Cancellations – 45 days before departure, \$1,500 is non-refundable.
7 days before departure, \$2,000 is non-refundable.
Less than 7 days before departure, 100% is non-refundable.

Method of payment: You may pay by personal check, wire transfer or credit card

Remarks: If you are an Israeli citizen, or are holding an Israeli I.D., or have spent the last 3 months prior to this tour in Israel, **VAT** will be applied and automatically charged on top of the above mentioned rates..

CREDIT CARD FORM

NAME AS APPEARS ON THE CREDIT CARD: _____

TYPE OF Card (circle) **Visa** **Mastercard** **American Express**

Card Number: _____ Expiration Date: _____

Billing Address: _____

Telephone: _____ E-mail: _____

CVC #: _____

Total amount to be charged: \$ _____

Please note there is a 2% surcharge on Visa/MasterCard credit card payment.

Please send us a photocopy of the card from both sides as well as a clear photocopy of the card holder passport.

Signature: _____

Disclosures

PLEASE READ ENTIRE DOCUMENT BEFORE SIGNING

TRAVEL INSURANCE IS HIGHLY RECOMMENDED: You must take out comprehensive insurance coverage before travel for allowable cancellations, medical expenses, loss of personal baggage, and money. This should be arranged no later than one week after purchasing the ticket. Travel insurance may be bought in the US through any of the following:

- **TRAVELAND**, 878 Bridgeport Ave. Shelton CT 06484, Mr. Eitan Battat, at: 1-800-246-0466 Ext. 223, 1-203-814-3535 – Direct or 203-929-6000 Ext 223
- **Access America** (804) 285-3300 or (800) 284-8300, www.AccessAmerica.com
- **Travel Guard International** (800) 826-1300, www.TravelGuard.com
- Also check with **AAA** or **American Express**.

TOUR COMPANY'S RESPONSIBILITY: Nitzan Travel Services LTD. or their agents, act only as agents for the passengers in all matters connected with hotel accommodations, sight-seeing tours and transportation, whether by air, cruise, motor coach, motor vehicle, and any other means of conveyance, and shall not be responsible or liable for any injury, loss, accident, delay or irregularity or incident resulting from strikes, pilferage, labor disputes, machinery breakdown, quarantine, weather, government regulation, or any other cause beyond their control; nor shall they be responsible for any damage or loss of luggage for any reason during the course of the trip, or act or omission of any individual or organization providing the transportation, services, or accommodations in connection with these arrangements, nor for any delay or expense incurred due to disruption or revision of schedules, nor for any cause beyond its own control.

The right is reserved to the above to withdraw a tour, or decline to accept or retain any person as a member of a tour at any time should such person's health or general deportment impede the operation of the tour to the detriment of the other tour passengers, or make changes in the published itinerary whenever in their sole time at their discretion to cancel any tour or the remainder thereof or make any alternation in route, accommodation, price, or other details, and in the event of any tour being rendered impossible, illegal, or inadvisable by weather, avalanches, strike, war, governmental interference, or any other cause whatsoever, the extra expenses incurred as a result, thereof shall be your sole responsibility. All prices are based on tariffs and exchange rates in effect on the day of registration and are subject to change in the event of an adjustment therein.

POSSIBLE CHANGES: Nitzan Israel Travel Services LTD. thereafter known as the Tour Operators, reserve the right to cancel any tour before departure in which even the entire payment will be refunded without further obligation to the tour members. Infrequently, unexpected and unforeseen local conditions beyond control can prevent the completion of an itinerary or necessitate alterations in the itinerary. Such local conditions include inclement seasonal variations in climate, changing in airline schedules and equipment, government appropriation of hotel space, labor strikes, civil disturbances or political unrest, etc., events that are beyond the Tour Operator control, and will jeopardize the travelers' comfort, safety, health and enjoyment. In these events the Tour Operator reserves the right to alter or curtail the itinerary as is deemed necessary. The Tour Operator will endeavor, in each case to provide comparable substitute or effect refunds. Any savings realized for these changes will be passed to the traveler and any resultant expenses borne by the traveler. Accidents in route may require you to miss part of your return to the U.S. WE STRONGLY ADVISE YOU TO HAVE COMPREHENSIVE TRAVEL INSURANCE (medical, accident, baggage, trip cancellation etc.). As a convenience the Tour Operator or your Travel Agent will supply you with application upon receipt of your reservation. If costs do fluctuate due to circumstances beyond our control, we reserve the right to alter our quoted price to you. Acceptance of any travel plan shall be deemed to constitute acceptance of this limitation of responsibility.

The person making any booking will, by the making of such booking, warrant that he or she has authority to enter into a contract on behalf of the other person/s included in such a booking and in the event of the failure of any or all of the other person/s so included to make payment, the person making the booking shall by his/her signature thereof assume personal liability for the total price of all bookings made by him/her. For and in consideration of the tour services by Nitzan Israel Travel Services LTD. (hereafter "Tour Operators"), I hereby release and hold harmless Tour Operators and any of their agents or assigns from any and all claims arising out of their ordinary negligence for any and all risks inherent in the tour and/or inherent in transit to or from the tour destinations described herein. I/We accept all responsibility for any and all costs arising out of treatment for injuries or damages suffered while taking part in the tour. Any and all claims or disputes between the parties hereto shall be resolved in the courts of Israel and under Israeli law. I give Nitzan Travel Services LTD. the right to use any photograph or video recording which includes my image or any audio recording which includes my voice, taken on the trip, unless otherwise indicated by checking this box.

I have read and fully understand the terms and conditions of this agreement.

Signature (s):

Date: _____

Date: _____