Friends of Israel Mission 2021 Application Form

Cost:
Per person in a double room: $2,599
Per person in a single room: $3,299
Deposit required to secure booking: $700 per person. Remaining balance is due 90 days prior to arrival.

Optional add on: $330 p/p

The cost includes:
- A private English-speaking licensed guide for 5 days of touring. Please note that typically a guided day is up to 9 hours
- A touring bus for all touring days during guided hours, including a driver
- 5 nights at 5 star level hotels including breakfast
- All entrance fees on guided days during guiding hours
- Lunch during 5 days of touring
- 3 dinners (one at the hotel in the Galilee)

Cost does not include:
- Personal expenses
- Tips for guide and driver, and/or other service givers
- Any type of insurance
- Any services not mentioned above
- Afterhours touring by bus and/or other transportation
- Transfers from/to the airport*:
  - ☐ Supplement for arrival transfer: $255 (to Jerusalem, up to 4 people)
  - ☐ Supplement for departure transfer: $155 (from Tel Aviv, up to 4 people)
- ☐ Supplement for 6th day of touring: $330
- Supplement for extra nights*:
  Jerusalem:
  - ☐ $240 per person per night in a double room
  - ☐ $460 per person per night in a single room
  Tel Aviv:
  - ☐ $220 per person per night in a double room
  - ☐ $405 per person per night in a single room
*Costs are subject to change at time of confirmation. Please check any supplement you are interested in

Cancellations effective upon receipt of written notification, are subject to the following penalties of the full trip price:
$250 per person non-refundable deposit
90-61 days prior to arrival: 50% penalty
60-46 days prior to arrival: 75% penalty
45 days prior to arrival: 100% penalty

Responsibility: Shatour acts only as agents for the various companies supplying the services of the tour and shall not be held liable in any way for injury, damage, loss, death, accident, delay or
irregularity to any person or property, including air transportation or changes in itinerary due to circumstances beyond our control.

Date: _________

Double / Single occupancy: _________________________

Participant 1*:
Full name as appears on your passport: ____________________________
Passport number: ______________ Nationality as appears on passport: ________________________
Passport issue date: ______________ Passport expiration date: ______________
Date of birth: _________________
Dietary requirements: ____________________________________________
Health requirements: ____________________________________________
Arrival flight information: ________________________________________
Departure flight information: _____________________________________

Participant 2:
Full name as appears on your passport: ____________________________
Passport number: ______________ Nationality as appears on passport: ________________________
Passport issue date: ______________ Passport expiration date: ______________
Date of birth: _________________
Dietary requirements: ____________________________________________
Health requirements: ____________________________________________
Arrival flight information: ________________________________________
Departure flight information: _____________________________________
Please sign the attached form and send by return fax to: 972-2-586-9250 or scan and email to info@shatour.com. Please address your email or fax to Raye and mention you are applying to the ASPNI Mission 2020.

CREDIT CARD CHARGE AUTHORIZATION FORM

Date: _____________

Reservation in the Name: __________________________________
E-mail Address: ______________________________________________________
Address: ____________________________________________________________
Telephone & Fax Number: _____________________________________________
Passport Number: ____________________________________________________

Amount to be paid:______________________

We accept Mastercard, Visa, and Diners (not American Express)

Credit Company:  ______________________________________
Card Number:  ______________________________________
Card expiration date: _________________________________
Billing Name as it appears on card:  ______________________

Signature:  ____________________________

I hereby certify that my signature is proof of my acceptance of the above charge.