

Submit this form to: info@christian-journeys.com or mail to address below.

LAST NAME (as it will appear on your Passport) Mr. / Mrs. /Ms.

FIRST NAME/S (as it will appear on your Passport)

NATIONALITY OF PASSPORT DATE OF BIRTH (Day / Month / Year)

NAME to Print on your NAME BADGE

ADDRESS Apt # STREET & NUMBER CITY

PROV/ STATE POSTAL/ZIP CODE PHONE - Mobile ()

Other Phone (Home/Work) Contact E MAIL

“TRAVEL PARTNER PROGRAM” for Travelers with No Companion. Would you like Christian Journeys to try to find someone to share a Twin room with you? (Check One): **YES please** or **NO, I will pay the Extra Single Supplement**.....

YOUR TRAVELLING COMPANION INFORMATION (if applicable)

LAST NAME (as it will appear on Passport) Mr. / Mrs. /Ms.

FIRST NAME (as it will appear on Passport)

RELATIONSHIP (Spouse/ Friend/ Relative etc.) DATE of BIRTH (Day / Month / Year).....

NATIONALITY of PASSPORT NAME to print on NAME BADGE

ADDRESS (if different from yours) Apt STREET & NUMBER

CITY PROV/ STATE POSTAL /ZIP CODE

PHONE - Mobile () Contact EMAIL

JOURNEY DEPOSIT: \$400 CAD per person. Registration is only complete with processed deposit payment. Make cheque payable to Christian Journeys. To pay by e-transfer, email: info@christian-journeys.com. To pay by credit card, complete the following: (only VISA and MASTERCARD). Add 3% processing fee to all payments by Credit Card.

CHARGE \$ To CREDIT CARD # EXPIRY /

Name as it appears on Credit Card

Full payment is required 60 days prior to departure. Christian Journeys partners with third party suppliers to compose this tour program. None of the third parties, such as airlines, hotels, coach companies and guides are employees of our company. If, for any reason we cannot supply a portion of the itinerary, we will replace that component with comparable or superior services.

CANCELLATION CHARGES

Up to 61 days before departure: \$400	60 - 45 days before departure: 25% of journey price
44 - 31 days before departure: 50% of journey price	30 - 0 days before departure: 100% of journey price

I / We would like to register for the Group Air Plan from (my city): _____ **Yes** _____ **No** _____

*Using the group air plan will determine the overall price and balance owing for your journey. Price stated includes group air plan.

I / We have read and understand all the booking conditions and the cancellation policies of this tour:

SIGNATURE (S) **DATE**

CHRISTIAN JOURNEYS

107 Lakeshore Drive North Bay, Ontario Canada P1A 2A5 Phone: 1 - 877 - 465 - 3442 Fax: 1 - 866 - 826 - 2135
 E mail: info@christian-journeys.com T.I.C.O. # 2976741 Website: www.christian-journeys.com