

RESERVATION FORM

The Holy Land Experience
March 14 –March 23, 2017

PRICE PER PERSON FROM DULLES: \$3,275

All airfares are subject to change until January 2017 or final booking of airline passengers.

SUPPLEMENT FOR A SINGLE ROOM: \$ 5 7 5 REQUIRED DEPOSIT PER PERSON: \$ 3 7 5

You may pay the \$375 per person deposit by check or cash

PLEASE MAKE ALL CHECKS PAYABLE TO: "Hearts Aflame Discipleship Journeys"

Please Mail This Completed Form with Your Payment to:
Harrisonburg First Church of the Nazarene
1871Boyers Road
Harrisonburg, Va. 22801
Attention: Steve Thigpen

Contact: Steve Thigpen (540) 432-9857 or (540) 908-5972 Email: chththigpen@aol.com

Name (on passport): _____

Passport Number: _____ Birthday: _____

Issue Date: _____ Expiration Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: () _____ Email Address: _____

*Roommate: _____

*** A copy of your passport is required with your deposit or by December 31, 2016**

Type of Room required: ___ Twin Occupancy ___ Single Occupancy (Extra charge)

*A roommate will be assigned to you if requested.

Inclusions:

Air Fare

***Round Trip Airfare from Washington Dulles Airport to Tel Aviv**

Israel:

- **7 Total Nights**
- **Accommodation 4 nights Ron Beach Hotel Tiberius**
- **Accommodation 3 nights Olive Tree Hotel Jerusalem**
- **5-Lunches included: Jericho, Nazareth Village, St. Peter’s Fish Lunch, Joppa Seaport, Nazareth Church**
- **Half Board all other days Buffet Breakfast & Dinners**
- **Guides: Local Nabil and Pastor Kerry Willis**
- **All Entrance and Porter Fees**
- **First Class coach for travel**

Insurance:

UNDERSTAND THAT I HAVE THE OPTION TO PURCHASE TRIP CANCELLATION INSURANCE FROM The Travel Company. The cost will be \$200 per person based on a minimum of 10 passengers signed up. You may purchase your own insurance.

Signature (If you would like to purchase)

Date

FORM OF PAYMENT

Payment is for the following Persons:

1. _____ 2. _____

BY CHECK or Cash:

FINAL PAYMENT IS DUE: February 5, 2017

I have enclosed a Deposit of \$ _____ Per Person, for a Total Check or Cash amount of \$ _____

Payment schedule

ASAP April 30, 2016	\$375.00 Deposit
June 5, 2016	\$350.00 Payment
July 3, 2016	\$350.00 Payment
August 7, 2016	\$350.00 Payment
September 4, 2016	\$350.00 Payment
October 2, 2106	\$350.00 Payment
November 6, 2106	\$350.00 Payment
December 4, 2016	\$350.00 Payment
January 1, 2017	\$350.00 Payment
February 5, 2017	100.00 Final Payment

TOTAL Payment \$3,275.00 (excludes insurance)