

RESERVATION FORM

The Holy Land Experience

March 6-March 15, 2024

Or

October 23-November 2, 2024

Holy Land \$3,575/person

All airfares are included but subject to change or final booking of airline passengers.

REQUIRED Non-Refundable 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"

Please Mail This Completed Form with Your Payment to:
Hearts Aflame Discipleship Journeys
C/O Steve Thigpen
850 Mockingbird Drive
Harrisonburg, Va. 22802

Contact: Steve Thigpen (540) 746-3207 Email: heartsaflameinfo@gmail.com

Name (on passport): _____

Name to use for Name Tag: _____ * Roommate: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: (_____) _____ Email Address: _____

Please send a Copy of Your Passport with reservation form when available.

Room Required: ___ Twin Occupancy ___ Single Occupancy (Extra charge \$665)

Trip Preference ___ March 2024 ___ October 2024

Inclusions:

- *8 Total Nights
- *Accommodation 4 nights Tiberius Hotel
- *Accommodation 1 night Oasis Hotel Jericho
- *Accommodation 3 nights Grand Court Hotel Jerusalem
- *Airfare TBD Airlines from Dulles Int. thru Newark or JFK to TLV & Return
- *First Class Coach Transportation for 9 days sightseeing
- *6 Lunch's included: Nazareth Church, 2-TBD, Fish Lunch at Ein Gev, Jericho & Bethlehem
- *Half Board all other days Buffet Breakfast & Dinners
- *Guides: Local TBD & Pastor Kerry Willis
- *All Entrance, Porterage & Guiding Fees
- *Whisper sets

Not Included:

- *Personal expense such as beverages, medical and insurance
- *Souvenirs
- *2 Lite Lunches
- *Any Covid Testing (TBD prior to Trip)

Insurance:

You may purchase trip cancellation insurance from the Travel Company for 6.4% per \$1000 or purchase on your own insurance. Required to have at least 10 if purchased thru the Travel Company.

FORM OF PAYMENT

Payment is for the following Persons:

1. _____ 2. _____
BY CHECK or Cash: FINAL PAYMENT IS DUE: January 1, 2024

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