



Registration Form
SALT AND LIGHT BLESSED JOURNEY
ISRAEL, PALESTINE AND JORDAN
WITH FR. THOMAS ROSICA
OCT. 25 Nov. 4, 2017

Send Completed Form (1 Form Completed per family) to:

Liz Dachuk, Connaissance Travel and Tours, 3852 Finch Ave. East, Suite #306, Scarborough, Ontario M1T 3T9,
or Call: 416-291-2676 ext. 239; Fax to: 416-292-4924; or Email to: lizdachuk@connaissancetravel.com

- I would like a single room and will pay the **additional 1,290.00 single supplement** (limited availability).
 I request assistance in securing a roommate. If a roommate cannot be found by final payment date, I will pay the single supplement of 1,290.00.

Personal Information on Travellers:

All information provided will be maintained in strict confidence.

Legal Name (exactly as it appears on passport) – print clearly. Please enclose a copy of your current passport.

Traveller #1: _____
Mr. / Mrs. / Miss First Middle Last

Traveller #2: _____
Mr. / Mrs. / Miss First Middle Last

Traveller #1: Date of Birth: _____ Gender: Male Female / **Common First Name** _____

Traveller #2: Date of Birth: _____ Gender: Male Female / **Common First Name** _____

Mailing Address – If your companion/roommate resides at a different address, please complete a separate form.

Street Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone # (Daytime): _____ Cell Phone: _____

Email: (Please print clearly in uppercase letters) _____

Passport Information – please print clearly

Traveller #1:
Passport Number: _____ Expiry: _____ Citizenship: _____ Place of Birth: _____

Traveller #2:
Passport Number: _____ Expiry: _____ Citizenship: _____ Place of Birth: _____

Payment:

- Reservations must be paid in full 90 days prior to departure (Thu. July 27, 2017)
- Reservations received after this date are subject to availability, price fluctuations, and must be accompanied by payment in full

Enclosed is my deposit of \$ _____ (**\$500.00**)

Accept my cheque made payable to **Connaissance Travel and Tours**

Charge my credit card. Please note, an additional service fee of 3% will be added when payment is made by credit card. Your statement will show that Suvara Travels Inc has taken payment. Please complete the following Authorization for Credit Card Payment form which follows.

Your signature here implies that you have read the Terms and Conditions of Connaissance Travel.

Signature: _____ Date: _____

TERMS AND CONDITIONS (please see Connaissance Travel Terms and Conditions)

Reservations, deposits and payment:

- A deposit of CAD500.00 is due at the time of booking.
- A copy of the information page of your current passport **must** accompany your registration.
- Balance is due 90 days prior to departure (Thu. July 27, 2017)
- A 3% service fee will apply when payment is made by credit card.
- If a booking is made 90 days or less prior to departure full payment is due. Reservations received after this date are subject to availability and currency fluctuations.

Cancellations & refunds:

- All cancellations must be submitted in writing. Cancellation will be effective upon receipt of official confirmation of reservation.
- Cancellations prior to final payment date, full deposit paid will be refunded.
- 89 – 60 days prior to departure 50% of the total price plus Travel Insurance Premium will be retained.
- 59 – 30 days prior to departure 75% of total price plus Travel Insurance Premium will be retained.
- 29 – 0 days prior to departure 100% of total price plus Travel Insurance Premium will be retained.
- Refunds for unused accommodation and services are limited to the amounts returned by carriers, sightseeing operators and hotels.
- We recommend strongly that you purchase cancellation insurance

Please call for your personal insurance quote.

Please Contact – Liz Dachuk
Connaissance Travel and Tours
416-291-2676 ext. 239 / Toll free 877-702-7729 xt 239
Email: lizdachuk@connaissancetravel.com



AUTHORIZATION FOR
CREDIT CARD PAYMENT

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I, _____, the authorized owner and user of the credit card account mentioned below, allow Connaissance Travel and Tours to charge the amount of \$_____ for the purchase of travel services for the following persons.

Passenger Names

1. _____
2. _____

Credit Card Information

Visa Master Card Amex

Credit Card # _____ Expiry Date: _____

Name as it appears on the Credit Card _____

Cardholder Billing Information

Travel Agency Information

Connaissance Travel and Tours
3852 Finch Ave. E., Suite 206
Scarborough, ON, M1T 3T9

Tel: 416-291-2676
Fax: 416-292-4924

Cardholder's Authorization Signature

Date