

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.