Friends of Israel Mission 2020 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

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

Cancellation: If you cancel your trip, the following charges may apply: non-refundable cancellation charge of $250; cancellation 31-59 days prior to the trip departure, 25% of total land cost; cancellation 15-30 days prior to the trip departure 50% of total land cost; cancellation made 14 days or less prior to departure, no refund. Cancellation due to security situation – full reimbursement less $100 administration.

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.