



**CITY OF HOPE INTERNATIONAL CHURCH
EXPERIENCE Israel 2020
REGISTRATION FORM**



To register send this form & \$250 per person nonrefundable deposit via phone/mail/email/fax to Mayfair Travel. Participation is first come, first serve and is subject to application process, see below.**

Names as they appear on passport (First, Middle, Last) & Date of Birth

Name 1 _____ DOB _____

Name 2 _____ DOB _____

Your passport must be valid for 6 months after return date. If you do not have your passport yet, indicate so here _____. You can still register now, please inform us prior to final payment if your passport appears different than indicated above. If you are a passport-holder/citizen of a country other than the US, please look into whether or not a visa is required. Mayfair Travel cannot assist you in obtaining a visa, and your payments are nonrefundable.

Address _____

Phone #s: Home _____ Cell _____

Email Address _____

Package Price: Israel \$4,149 per person double occupancy* / Single Supplement \$995

If traveling alone choose one:

____ I have a roommate ____ Please find me a roommate ____ I will room alone (\$995 supplement)

****To register send registration form & \$250 nonrefundable deposit per person to Mayfair Travel via mail, email, or fax. You may register over the phone using credit card. Participation is subject to church approval and will be on a first come first serve basis at the church's discretion. Your deposit will not be charged until this process is concluded, which is 2-3 business days after your registration is submitted to Mayfair Travel.** Final price based on confirmation of flights about 10 months prior to trip. If final price is more than \$99 higher than advertised price, there will be a window of refundability of initial deposit.

Prices are per person based on double occupancy. All payments are nonrefundable other than as covered by the purchase of optional travel insurance. Optional trip cancellation insurance is not included, but is recommended. For information please request a brochure, or visit www.travelexinsurance.com, use Location number 30-0168.

Please initial one choice: ____ Yes, please send me information on trip cancellation insurance ____ No I am not interested in trip cancellation insurance through Mayfair Travel, I understand and accept the risks.

Triple occupancy available upon request. Day-by-day itinerary may change during trip due to weather conditions, unforeseen circumstances, or at pastors' discretion.

Your group discount includes a cash/check discount. Credit card payments AFTER initial deposit will be billed at non-discounted (3% additional) rate. Initial deposit \$250 regardless of form of payment. All payments are nonrefundable other than as covered by the purchase of optional trip cancellation insurance.

Roommates whose deposits are not included here/Comments:

**Payments: \$250 per person nonrefundable deposit by June 3, 2019 or until trip is full (whichever comes first)
\$750 per person November 15, 2019 / Final Payment April 15, 2020**

Payment: ____ Cash ____ Check ____ Credit Card

Credit card # _____ Exp _____ CID # _____