

**LOGOS CHRISTIAN FAMILY CHURCH, Mississauga  
TOUR OF ISRAEL**

**Hosted by Pastors Dino and Nadya ANDREADIS  
NOVEMBER 19-29, 2020**

**DK0020008217**

**REGISTRATION FORM**

LAST NAME: \_\_\_\_\_ Circle one: Dr. Rev. Mr /Mrs /Miss /Ms  
Legal Name as shown on your Passport

FIRST NAME: \_\_\_\_\_ Date of Birth: 19 \_\_\_/\_\_\_/\_\_\_  
Legal Names as shown on your Passport Y / M / D

ADDRESS: \_\_\_\_\_

CITY/TOWN \_\_\_\_\_ PROV. \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

TEL. NOS.: Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

NAME BADGE SHOULD READ \_\_\_\_\_  
(i.e., Edward or Ed, Janice or Jan)

PASSPORT NO. \_\_\_\_\_ ISSUED AT: \_\_\_\_\_ DATE OF ISSUE: \_\_\_\_\_

I travel on a Canadian Passport  I travel on a \_\_\_\_\_ Passport  
(Country)

I do not have a Passport but will advise details as soon as I have one

NOTE: Tour application form should not be held up pending arrival of new passport.

I wish to share a twin room with \_\_\_\_\_

I wish to have single accommodation at a supplemental cost

**PREFERRED METHOD OF PAYMENT -- CHEQUES**  
**CREDIT CARD PAYMENT for TOUR PACKAGE – 3.5 PERCENT FEE WILL BE LEVIED**

TOUR DEPOSIT: cheque, payable to **CANADIAN GATEWAY** in the amount of \$500. Cdn.   
Insurance in the amount of \$ \_\_\_\_\_ may also be included in your deposit cheque.

**INSURANCE PAYMENT WITH CREDIT CARD [ no surcharge will be levied ]**  
Trip Cancellation, Baggage, Hospital/Medical Insurance Pkg. is recommended. Cost of insurance is age-related and must be purchased at the time you make your deposit. If you do not purchase insurance, a waiver must be signed.

Charge insurance to my credit card: VISA  AMEX  Other Credit Card: \_\_\_\_\_  
Name of Credit Card Holder: \_\_\_\_\_ Credit Card No. \_\_\_\_\_ SVC # \_\_\_\_\_  
Expiry Date: \_\_\_\_\_ Signature of Credit Card Holder: \_\_\_\_\_

Relative or friend to be contacted in case of emergency while on tour:

NAME: \_\_\_\_\_ Tel. No. \_\_\_\_\_

MAIL THIS FORM AND YOUR DEPOSIT TO:

**DALE SHERWOOD**  
**CANADIAN GATEWAY (Christian Travel Division)**

7851 Dufferin Street, #200  
Thornhill, ON L4J 3M4

Tel. No. (905) 660-1100, ext. 120 or 1-888-879-8515

E-Mail: [dalesherwood@rogers.com](mailto:dalesherwood@rogers.com)  
- or - [dale@canadiangateway.com](mailto:dale@canadiangateway.com)



Second Application on the Back

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