

# GRACE 7171 Oak Ridge Hwy. Knoxville, Tn. 37931 865-691-8886 www.gracebc.org/israel

# **International Reservation Form - Please Print**

Please complete the reservation form and return it with your payment (payable to "GBC") to:

7171 Oak Ridge Hwy. Knoxville, Tn. 37931

Tour Name: Grace Baptist Church led by Pastor Bobby Lewis - Israel 10 Day	Cost per person: \$3,779.00*		Attn. Doug Jobe
Date of Tour: March 30-April 8, 2020	# of Persons:		
Departure City: Knoxville			
Deposit (per person): \$500.00	X	(# of travelers) = \$	
		Total Enclosed = \$	
Travel Insurance: Yes, I would like to receive a price quote for my trave	el insurance.		

Please Print Carefully! Inaccurate information will result in travel delays and/or airline change fees.

I attest that the name(s) provided below, including middle name(s), is as it appears on my current/future passport and

understand that costly name change fees will be incurred if incorrect.

Last       (as it appears on passport)         Tour Badge Nickname       (as it appears on passport)         Passport #**       Passport #**         Issuing country of passport       Issuing country of passport         Passport Issue Date (M/D/Y)       /         Pase of birth (M/D/Y)       /         Pate of birth (M/D/Y)       /         Pate of birth (M/D/Y)       /         Paseso       Paseso         Street Address       Street Address         City       State         Postal Code       Phone #	FIRST PASSENGER		SECOND PASSENGER (IF PAYMENT ON THIS FORM)		
Tour Badge Nickname       Tour Badge Nickname         Passport and the passport of passport       Tour Badge Nickname         Passport ssue Date (M/D/Y) / /       Passport Issue Date (M/D/Y) / /         Passport issue Date (M/D/Y) / /       Passport Issue Date (M/D/Y) / /         Date of birth (M/D/Y) / /       Date of birth (M/D/Y) / /         Date of birth (M/D/Y) / /       Male □Female         P.0. Box       P.0. Box         Street Address       Street Address         City       State         Postal Code       Phone #         Email       Email         Name of Roommate(s) (if on separate form)       (Single supplement of \$740.00 added to final invoice if no roommate listed.)         Room (check one):       Disgle (1 bed)       Double (1 bed, 2 people)         Final Documents: will be mailed to the address above and will not require a signature. If you require delivery with a signature, please contact our office.         Emergency contact not traveling:       Emergency contact not traveling:         Phone       Emergency contact not traveling:         Phone       Phone	First/Middle	(as it appears on passport)	First/Middle	(as it appears on passport)	
Passport #**       Passport #**         Issuing country of passport       Issuing country of passport         Passport Issue Date (M/D/Y) / /       Passport Issue Date (M/D/Y) / /         Expiration Date (M/D/Y) / /       Passport Issue Date (M/D/Y) / /         Date of birth (M/D/Y) / /       Image: Date of birth (M/D/Y) / /         P.O. Box       P.O. Box         Street Address       Street Address         City       State         Postal Code       Phone #         Email       Email         Name of Roommate(s) (if on separate form)       (Single supplement of \$740.00 added to final invoice if no roommate listed.)         Room (check one):       Disngle (1 bed)       Double (1 bed, 2 people)         Final Documents: will be mailed to the address above and will not require a signature. If you require delivery with a signature, please contact our office.         Emergency contact not traveling:       Emergency contact not traveling:         Phone       Phone	Last	(as it appears on passport)	Last	(as it appears on passport)	
Issuing country of passport       Issuing country of passport         Passport Issue Date (M/D/Y)       /         Passport Issue Date (M/D/Y)       /         Expiration Date (M/D/Y)       /         Date of birth (M/D/Y)       /         Date of birth (M/D/Y)       /         P.O. Box       P.O. Box         Street Address       Street Address         City       State         Postal Code       Phone #         Email       Email         Name of Roommate(s) (if on separate form)       (Single supplement of \$740.00 added to final invoice if no roommate listed.)         Room (check one):       Single (1 bed)       Double (1 bed, 2 people)         Final Documents: will be mailed to the address above and will not require a signature. If you require delivery with a signature, please contact our office.         Emergency contact not traveling:       Emergency contact not traveling:         Phone       Phone	Tour Badge Nickname		Tour Badge Nickname		
Passport Issue Date (M/D/Y)       /       Passport Issue Date (M/D/Y)       /         Expiration Date (M/D/Y)       /       Expiration Date (M/D/Y)       /         Date of birth (M/D/Y)       /       Image: Date of Date	Passport #**		Passport #**		
Expiration Date (M/D/Y)       /       Expiration Date (M/D/Y)       /         Date of birth (M/D/Y)       /       Male □ Female       Date of birth (M/D/Y)       /         P.O. Box       P.O. Box       Street Address       Street Address         City       State       City       State         Postal Code       Phone #       Postal Code       Phone #         Email       Email       State       City is state         Name of Roommate(s) (if on separate form)       (Single supplement of \$740.00 added to final invoice if no roommate listed.)         Room (check one):       Isingle (1 bed)       Double (1 bed, 2 people)       Triple (3 beds)         Final Documents: will be mailed to the address above and will not require a signature. If you require delivery with a signature, please contact our office.       Final Documents: will be mailed to the address above and will not require a signature. If you require delivery with a signature, please contact our office.         Emergency contact not traveling:       Emergency contact not traveling:       Emergency contact not traveling:         Phone       Phone       Phone       Emergency contact not traveling:	Issuing country of passport		Issuing country of passport		
Date of birth (M/D/Y)       /       Image: Date of birth (M/D/Y)       Image: Date of birth (M/D/	Passport Issue Date (M/D/Y) / /		Passport Issue Date (M/D/Y) / /		
P.O. Box       P.O. Box         Street Address       Street Address         City       State         Postal Code       Phone #         Email       Postal Code         Name of Roommate(s) (if on separate form)       (Single supplement of \$740.00 added to final invoice if no roommate listed.)         Room (check one):       Disingle (1 bed)       Double (1 bed, 2 people)         Final Documents: will be mailed to the address above and will not require a signature. If you require delivery with a signature, please contact our office.       Final Documents: will be mailed to the address above and will not require a signature. If you require delivery with a signature, please contact our office.         Emergency contact not traveling:       Emergency contact not traveling:         Phone       Phone	Expiration Date (M/D/Y) / /		Expiration Date (M/D/Y)	/ /	
Street Address       Street Address         City       State         Postal Code       Phone #         Postal Code       Phone #         Email       Email         Name of Roommate(s) (if on separate form)       (Single supplement of \$740.00 added to final invoice if no roommate listed.)         Room (check one):       Single (1 bed)       Double (1 bed, 2 people)         Final Documents: will be mailed to the address above and will not require a signature. If you require delivery with a signature, please contact our office.       Final Documents: will be mailed to the address above and will not require a signature. If you require delivery with a signature, please contact our office.         Emergency contact not traveling:       Emergency contact not traveling:         Phone       Phone	Date of birth (M/D/Y) / /	Male Female	Date of birth (M/D/Y) /	/    Male  Female	
City       State       City       State         Postal Code       Phone #       Postal Code       Phone #         Email       Email       Email         Name of Roommate(s) (if on separate form)       (Single supplement of \$740.00 added to final invoice if no roommate listed.)         Room (check one):       Single (1 bed)       Double (1 bed, 2 people)       Twin (2 beds, 2 people)       Triple (3 beds)         Final Documents: will be mailed to the address above and will not require a signature. If you require delivery with a signature, please contact our office.       Final Documents: will be mailed to the address above and will not require a signature. If you require delivery with a signature, please contact not traveling:       Final please contact not traveling:         Phone       Emergency contact not traveling:       Emergency contact not traveling:       Phone	P.O. Box		P.O. Box		
Postal Code       Phone #         Email       Postal Code       Phone #         Email       Email         Name of Roommate(s) (if on separate form)       (Single supplement of \$740.00 added to final invoice if no roommate listed.)         Room (check one):       Single (1 bed)       Double (1 bed, 2 people)         Final Documents: will be mailed to the address above and will not require a signature. If you require delivery with a signature, please contact our office.       Final Documents: will be mailed to the address above and will not require a signature. If you require delivery with a signature, please contact not traveling:         Emergency contact not traveling:       Emergency contact not traveling:         Phone       Phone	Street Address		Street Address		
Email       Email         Name of Roommate(s) (if on separate form)       (Single supplement of \$740.00 added to final invoice if no roommate listed.)         Room (check one):       Single (1 bed)       Double (1 bed, 2 people)       Twin (2 beds, 2 people)       Triple (3 beds)         Final Documents: will be mailed to the address above and will not require a signature. If you require delivery with a signature, please contact our office.       Final Documents: will be mailed to the address above and will not require a signature. If you require delivery with a signature, please contact our office.         Emergency contact not traveling:       Emergency contact not traveling:       Emergency contact not traveling:         Phone       Phone       Phone       Phone	City	State	City	State	
Name of Roommate(s) (if on separate form)       (Single supplement of \$740.00 added to final invoice if no roommate listed.)         Room (check one):       Single (1 bed)       Double (1 bed, 2 people)       Twin (2 beds, 2 people)       Triple (3 beds)         Final Documents: will be mailed to the address above and will not require a signature. If you require delivery with a signature, please contact our office.       Final Documents: will be mailed to the address above and will not require a signature. If you require delivery with a signature, please contact our office.         Emergency contact not traveling:       Emergency contact not traveling:       Emergency contact not traveling:         Phone       Phone       Phone       Phone	Postal Code Phone	;#	Postal Code	Phone #	
Room (check one): Single (1 bed)       Double (1 bed, 2 people)       Twin (2 beds, 2 people)       Triple (3 beds)         Final Documents: will be mailed to the address above and will not require a signature. If you require delivery with a signature, please contact our office.       Final Documents: will be mailed to the address above and will not require a signature. If you require delivery with a signature, please contact our office.         Emergency contact not traveling:       Emergency contact not traveling:       Emergency contact not traveling:         Phone       Phone       Phone       Phone	Email		Email		
Final Documents: will be mailed to the address above and will not require a signature. If you require delivery with a signature, please contact our office.Final Documents: will be mailed to the address above and will not require a signature. If you require delivery with a signature, please contact our office.Emergency contact not traveling: PhoneEmergency contact not traveling: Phone	Name of Roommate(s) (if on separate form)		(Single supplement	of \$740.00 added to final invoice if no roommate listed.)	
require a signature. If you require delivery with a signature,       require a signature. If you require delivery with a signature,         please contact our office.       please contact our office.         Emergency contact not traveling:       Emergency contact not traveling:         Phone       Phone	Room (check one): Single (1 bed)	Double (1 bed, 2 people)	Twin (2 beds, 2 people)	Triple (3 beds)	
Phone Phone	require a signature. If you require delivery with a signature,		require a signature. If you require delivery with a signature,		
	Emergency contact not traveling:		Emergency contact not traveling:		
Name Name	Phone		Phone		
	Name		Name		

My signature below verifies that I understand that I may purchase travel protection insurance from Pilgrim or from another source. (For insurance information, please refer to the back of this form).

My signature below also verifies I understand and agree to Pilgrim Tours' Terms and Conditions as stated on the brochure and reverse side of this form.

Signature Required (First Passenger)

Signature Required (Second Passenger)

\*Price per person based on double occupancy on 100 people and will be lower if more people sign up. \*\*If you are waiting for an updated passport number please provide this as soon as you receive it.



### RESERVATIONS

A completed reservation form and a \$500 deposit are required to secure a place on this tour. Deposit early. Space is limited. Reservations are due no later than May 19, 2019 to GBC office

### FINAL PAYMENT

Final payment will be due January **15**, 2020. Payment can be made by check, Visa, Discover, or MasterCard. Payments not received on time can result in reservation cancellation without refund. \*Additional bookings after the final payment deadline may result in additional administrative fees. Fee amounts imposed are at the discretion of Pilgrim Tours & Travel.

### INCLUDED

Roundtrip air from Knoxville including current air taxes and fuel roundrip air from Knoxville including current air taxes and fuel surcharges (taxes and fuel charges are subject to change), 8 nights lodging at 4 star hotels, breakfast and dinner daily, full time English speaking tour escort (Hannah Kovner), services of air conditioned deluxe motor coach, all guides, entrances, touring and transportation as appears on itinerary, baggage handling at hotels (one piece), tips to driver, guides, and hotel staff.

### NOT INCLUDED

All lunches, optional travel insurance (7.25% or 9.8% of tour cost)

### **AIR TRANSPORTATION**

AIR TRANSPORTATION If needed, Pilgrim Tours will arrange for the best-priced airfare available at the time of booking. Please Note: We do not have the ability to assign seating for flights. Air carriers are responsible for seat assignments and will most often be done at airport check in. All taxes, fuel charges and security fees are subject to change based on the ticketing date. Passengers wishing to cancel or change their air reservation may be subject to cancellation penalties. Airfares quoted by Pilgrim are promotional fares and cannot be combined with other promotional offers. Airlines involved in tours are not responsible for any act, omission or event during the time passengers are not on board their planes or conveyances. Pilgrim Tours is not responsible for unforeseen flight delays, charges due to changes required during political unrest, or schedule changes imposed by the airlines. Air schedules may be subject to change at the discretion of the airline.

### RESPONSIBILITIES

These tour programs are operated by Pilgrim Tours and Travel, Inc., 3071 Main Street, Morgantown, Pennsylvania 19543. In common with other companies, Pilgrim acts only as an agent for tour members in arranging vacation services offered on this web site, including transportation, sightseeing, and accommodations through independent contracts. Air carriers, accommodations, and other suppliers (including but not limited to trains, cruises, ferries, motor coaches, hotels, tour guides and restaurants) pro-viding services are independent contractors and are not agents, employdees, servants, or joint ventures of the Company or its affiliates. All travel documents for services issued by the Company are subject to the Terms & Conditions specified by the supplier, which are available upon request, and to the laws of the countries in which the services are supplied. Pilgrim reserves the right in its sole discretion to make changes in the itin-erary and is not responsible for expenses, loss of time, money or other incidents resulting from a change of tour scheduling made for tour members, including any rescheduling due to political unrest. Pilgrim is not responsible for any losses or damages of personal property, injuries, thefts or unforeseen expenses incurred by any tour member.

### PRICING

Quoted tour prices include planning, handling and operational charges and are based on the current rate of exchange and tariffs. In the event of a marked change in foreign exchange rates, fuel costs or tariff rates, tour costs are subject to revision. Such increases will be added to the client's final billing. Pilgrim Tours reserves the right to vary itineraries and prices, and to substitute facilities and hotels of equal or better quality if necessary.

### AIRLINE SECURITY

It is the passenger's responsibility to provide valid identification in the form of a passport or other required identification at the time of airport check-in.

# DEPARTURE TAXES, SECURITY, FUEL CHARGES, & BAGGAGE FEES

When purchasing air transportation from Pilgrim Tours, various taxes, fuel charges, and airport fees are included in the air ticket expense. Such fees may be subject to increase by governments and/or airlines and will be the responsibility of the client at any time. Baggage weight, size restrictions and fees may change and are the responsibility of the client.

### **TOUR MEMBERSHIP & MOBILITY REQUIREMENTS**

Tour membership is available to all travelers and will not be withheld if the tour operator can furnish the requirements that an individual may need. Because most of our Retail Tour sightseeing schedules require Tour Members to walk 1-2 miles at a time using a moderate pace and some-Members to Walk 1-2 miles at a time using a moderate pace and some-times navigate uneven terrain, we cannot accept persons who cannot do that and instead require special assistance. Should any Tour Member's participation somehow materially add to the tour operator's cost, the Tour Member will be expected to pay any additional costs. The Tour Director retains the right to require any non-sufficiently mobile persons to stay behind when deemed necessary, and also terminate the membership of any member displaying disruptive behavior, delaying or endangering follow members and/or interforme with the operations of the tour. fellow members and/or interfering with the operations of the tour. Private group tours vary in regards to mobility standards.

# PROOF OF US CITIZENSHIP, PASSPORT, VISA & MINOR CHILDREN REQUIREMENTS

Minors traveling with either one parent or no parents must have a certified This letter of permission from the parent or parents who is/are not traveling. This letter must be presented at airport check-in. All international tours require a current passport. Entrance to Israel requires your passport be valid for 6 months after your return date. Your passport number must be recorded by a Pilgrim Tours agent when making your reservation. Names on airline tickets must appear as shown on passport. Photocopies are not acceptable forms of identification. Non U.S. Citizens are responsible to fulfill appropriate entry requirements of the destination countries. Contact the local Consulate of the country or countries you intend to visit for information.

### **TRAVEL INSURANCE - AVAILABLE FOR ALL PASSENGERS**

Pilgrim Tours strongly suggests purchasing Trip Cancellation insurance. Be sure to check with your healthcare provider as most U.S. medical cov-erage will not cover you outside of the country. Insurance costs are based on the total tour cost, including air taxes and charges listed under "Not Included" These charges are added to the final billing. Approximate amounts can be given at time of reservation in order to purchase the appropriate amount of insurance.

### **ALLIANZ TRAVEL INSURANCE** Choose between the following two insurance plans

### HORIZON PLAN: 7.25% OF TOUR COST

## UNFORESEEN REASONS PLAN: 9.8% OF TOUR COST

Maximize your coverage. To make sure you are eligible for existing medical conditions, purchase your Horizon Plan at or before final payment.

### **Benefits Included** Trip Cancellation/Interruption Trip Delay (\$200 Max per day) **Missed Connection** Baggage Loss/ Damage **Baggage Delay** Emergency Medical & Dental **Emergency Medical Transportation**

### Amount of Coverage Trip Cost \$1.000 \$500 \$1,500 \$500

\$50.000

\$1,000,000

Unforeseen Reasons must be purchased at or before final payment. This plan will not be available after that date.

### **Benefits Included**

Horizon Plan Coverage Cancel For Any Reason

### Amount of Coverage Horizon Plan Limits

up to 80% of trip cost

### **POLICY QUESTIONS**

ALLIANZ representatives are available 24 hours a day, 7 days a week Toll Free at 1.800.284.8300 and refer to ACCAM - F201757.