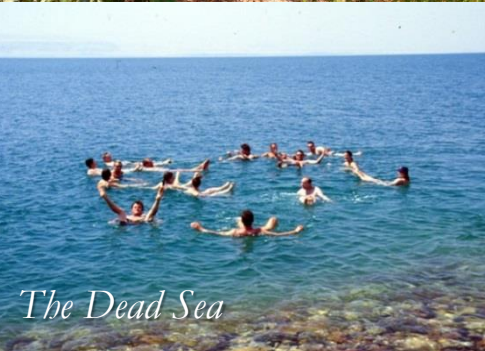


Deposit of \$250 per
person is due by:
April 30, 2014

Space is Limited!

- Save the Date -


Join Bishop Phillip & Pastor Tracey Bonaparte
New Hope Church of God

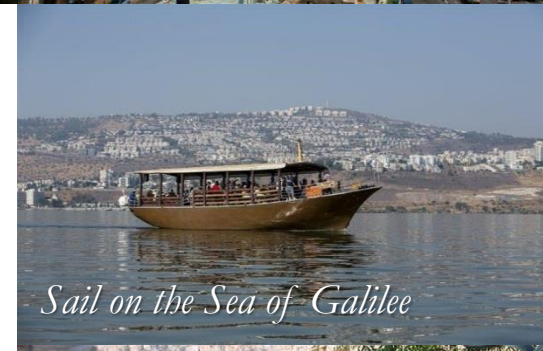


Air & Land Package:
\$2,855 per person

Tour Highlights

Old Jaffa * Caesarea * Haifa * Nazareth * Cana
Sail on the Sea of Galilee * Mount of
Beatitudes * Tabgha * Capernaum * River
Jordan * Qumran * Bethlehem * the Old City of
Jerusalem * Wailing Wall * Via Dolorosa * the
Garden Tomb * Ein Karem * the Dead Sea
Masada * Ein Gedi * And More!

 LY 28 MAR 04 EWR-TLV 1:15pm 6:50am MAR 05
LY 27 MAR 12 TLV-EWR 12:35am 7:05am





REGISTRATION FORM

YES - I am interested in joining the Journey to the Holy Land!

Led by: Bishop Phillip Bonaparte & Pastor Tracey Bonaparte

March 4th - 12th, 2015

Costs for Air & Land + Tax:

\$2,855 Per Person Sharing a **Double Room**

\$465 Supplement for a **Single Room**

Deposit of **\$250** per person is due by: April 30, 2014

Final Payment is due by: January 4, 2015



TRAVELER INFORMATION

(Please include a copy of your passport)

Including:

Roundtrip flights, transfers on arrival & departure, accommodations in first class hotels, Daily breakfast & dinner, Farewell Dinner in Jerusalem, Touring in Luxury Air-conditioned coach, English speaking guide, and all entrance fees.

1) LAST NAME: _____ FIRST NAME: _____ MIDDLE NAME: _____
PASSPORT#: _____ DATE OF ISSUE: _____ EXPIRATION: _____
COUNTRY OF CITIZENSHIP: _____ DATE OF BIRTH: DD _____ MM _____ YYYY _____
TRAVEL INSURANCE: YES _____ NO _____ / MEAL REQUEST: VEGETARIAN _____ OTHER _____

2) LAST NAME: _____ FIRST NAME: _____ MIDDLE NAME: _____
PASSPORT#: _____ DATE OF ISSUE: _____ EXPIRATION: _____
COUNTRY OF CITIZENSHIP: _____ DATE OF BIRTH: DD _____ MM _____ YYYY _____
TRAVEL INSURANCE: YES _____ NO _____ / MEAL REQUEST: VEGETARIAN _____ OTHER _____

MAILING ADDRESS: _____ CITY: _____ STATE: _____ POSTAL CODE: _____

TELEPHONE #: _____ EMAIL: _____

ROOM TYPE (check one): 1 DOUBLE BED _____ / 2 TWIN BEDS _____ / 3 BEDS _____ / SINGLE ROOM _____

SPECIAL REQUEST: _____

Signature: _____ Date: _____

1. Please make checks payable to: Go Israel NA
2. **Form, Check, & Copy of Passport** should be mailed to: 31 Garwood Road, Fair Lawn, NJ 07410
3. Current airport taxes are subject to change by the airline prior to ticketing
4. Registration cannot be processed without filling out ALL of the above details.
5. By signing this form you agree to our Terms & Conditions: www.goisraelna.com/terms.htm

** Price is based on a minimum of 45 participants.*