



**Led By: Pastor Matt Sanders
& Ms. Anita Burns**

Air & Land Package: \$3,100

Tour Highlights:

Tel Aviv * Old Jaffa * Caesarea * Megiddo
Haifa * Sail on the Sea of Galilee * Capernaum
Tabgha * Mount of Beaitudes * Nazareth
Cana * Baptism in the Jordan River * Jerusalem
Garden of Gethsemane * Via Dolorosa
Communion at the Garden Tomb * Shopping in
the Old City Bazaar * Bethlehem * Ein Gedi
the Dead Sea * Masada * Qumran * receive a
personal Pilgrim Certificate, and more!



Package Includes:

- ✓ Roundtrip flight from Orlando, FL
- ✓ Meeting & assistance at Ben Gurion Airport
- ✓ Transfers on arrival & departure
- ✓ 7 Night accommodations & entrance fees to sites
- ✓ Daily breakfast & dinner at the hotel
- ✓ Farewell dinner in Jerusalem
- ✓ Touring in Luxury Air-conditioned coach
- ✓ Government licensed English speaking guide

A deposit of \$250 per person is
required to guarantee your space!

Call us toll free today for additional
information: 1 (888) 478-4691

Tour Operated by:





REGISTRATION FORM

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

Led by: Pastor Matt Sanders & Ms. Anita Burns

March 7 - 16, 2015

Please Note:

- ✓ Price is estimated for 2015 and subject to change by the airline 11 months prior to departure.
- ✓ Payment plan is available!

Costs for Air & Land + Tax:

\$3,100 Per Person Sharing a **Double Room**
 \$469 Supplement for a **Single Room**
 -\$25 Discount per person for a **Triple Room**

Deposit of **\$250** per person is due by: April 25, 2014

Final Payment is due by: January 7, 2015

TRAVELER INFORMATION

(Please include a copy of your passport)

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: GOISRAELNA LLC
2. **Form, Check, & Copy of Passport** should be mailed to: 31 Garwood Rd., 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. Terms & Conditions apply; please visit www.goisraelna.com