

RESERVATION/DEPOSIT FORM

A Pilgrimage to the Holy Land
November 1, - November 10, 2019
Reference Number #CT19009 – Agbaje Israel

Please send a copy of your passport with your application.

Name: Mr. Mrs. Ms. Rev. Dr.

(As appears on your passport)

Address: _____

City: _____ State: _____ Zip: _____

Phone: Home (_____) _____ Cell (_____) _____

Email: _____ Date of Birth: _____

Special Dietary Needs: _____

Global Entry/TSA #: _____ Frequent Flyer #: _____

Airline Seating Request: Aisle _____ Window _____ With Whom _____

Worldwide will do our best to get your requested seat assignment; however, they are under the airline's control and are assigned by the airline.

Estimated price based on double occupancy:

15-19 pilgrims \$3,869.00
20-24 pilgrims \$3,619.00
\$629.00 single supplement

* Includes estimated airline taxes & fuel surcharges. Pricing may change when airfare can be confirmed in January of 2019. Optional activities, tips for driver and guide, beverages, room service, etc. are not included.

Deposits and Cancellations:

\$300.00 deposit due no later than December 1, 2018
Final payment due August 15, 2019

Until August 15, 2019 - \$100.00 per person cancellation penalty
August 16, 2019 or later – No refund
Please continue form on reverse side ⇒

Terms and Conditions:

- 1. PAY WITH CHECK OR MONEY ORDER AT NO ADDITIONAL CHARGE OR AMERICAN EXPRESS ACCEPTED FOR FINAL PAYMENT ONLY WITH AN ADDITIONAL CHARGE OF 4%.**
- 2. NAME MUST MATCH PASSPORT. If name is incorrect and tickets reissued there is a \$50 fee plus change fees from airline.**
- 3. \$100 deviation fee plus any additional airfare, hotel, tour, or admission charges.**

Travel Insurance Coverage:

Cancellation due to a covered reason up to total trip cost.

Trip Delay	\$1,000 (\$250/day)
Baggage & Personal Effects	\$1,500
Baggage Delay	\$250
Emergency Medical & Dental Expenses	\$50,000
Emergency Medical Evacuation & Repatriation	\$250,000
Accidental Death & Dismemberment	\$10,000

Travel Assistance & Concierge Services are provided By Travelex's designated providers.

I accept adult travel insurance for \$248 per person. Single supplements, seat upgrades, trip add-ons, deviation fees, etc. may change the cost of the insurance.

I have read and understand the policy, which includes the full coverage term details, including exclusions and limitations. To view/download the policy, visit:

<http://policy.travelexinsurance.com/APGB-1217>.

I decline travel insurance.

Travel Insurance is underwritten by Berkshire Hathaway Specialty Insurance Company; NAIC #22276. To view state specific fraud warnings, visit:

<https://www.travelexinsurance.com/company/fraud-warning>. Y5E

I understand the terms and conditions, insurance coverage offer, the cancellation schedule and final payment date.

Signature: _____

Please make \$300.00 deposit check payable to Worldwide Pilgrimage

Mail with your reservation form, copy of passport, and deposit check to

Worldwide Pilgrimage

1131 N. Laura St. • Jacksonville, FL 32206-3296

904-350-0067