

2022 TOUR OPTIONS & REGISTRATION
CHRIST FOR THE NATIONS TOUR
Israel-Germany-Austria

Israel Only

Group 1

May 27 – June 6 (10 nights, 11 days) \$4595

Land package only \$3495

Prices include: round-trip flights from DFW to Tel Aviv, Israel, 2 meals per day and 2-special lunches, accommodations, double occupancy, (extra for single room), land transportation, entrance tickets to all sites, Creation Moments with Dr. Lindsay, worship and healing services, medical insurance, fuel taxes, entrance fees to all sites, comprehensive sightseeing with a license Messianic Jew tour guide, tips.

Optional tour to Germany/Austria via Israel

Group 2

May 27 – June 12 (16 nights, 17 days) \$6195

Prices include: round-trip flights from DFW to Tel Aviv, Israel, 2 meals per day and 2-special lunches, accommodations, double occupancy, (extra for single room), land transportation, entrance tickets to all sites, Creation Moments with Dr. Lindsay, worship and healing services, medical insurance, fuel taxes, entrance fees to all sites, comprehensive sightseeing with a license Messianic Jew tour guide, tips.

Optional tour of Germany and Austria Only

Group 3

June 6 – 12 (6 nights, 7 days) Land Package Only \$1800

Prices include: 2 meals per day, accommodations, double occupancy, (extra for single room) ground transportation, Passion Play tickets & dinner in Oberammergau, Germany/Austria, entrance passes to all sites, 5 Fabulous Castles, Zugspitze Mountain, boat ride down the Salzach River, and The Sound of Music bus tour in Salzburg, Austria, medical insurance, fuel taxes, comprehensive sightseeing, tips.

*If you choose your own travel and you do not arrive at the same time as our tour arrives, you will need to pay extra for transportation to our hotel. Our tour company will be glad to arrange your transportation.

*If you are in the process of obtaining your passport, please submit registration form to hold your place.

You may scan and e-mail copies of your registration to: marianne.allen@cfni.org Per US policy, you cannot travel internationally if your passport is due to expire within six months of our travel dates. Passport assistance: <http://travel.state.gov/content/passports/english.html>

REGISTRATION & INFORMATION REQUIRED FOR EACH TRAVELER

PASSENGERS NAME: Passengers are responsible that the names printed on this registration form EXACTLY match the first, middle and last name written in their passport. Name corrections will be subject to an airline-rebooking fee of \$300.00. PLEASE ENTER DETAILS IN CAPITAL LETTERS.

PASSENGER INFORMATION

Legal Name: _____ Middle: _____ Last: _____

Name must be exactly as it appears on your passport

Preferred Name (Nickname for badge): _____ Title: _____

Sex ___ Male ___ Female ___ Date of Birth (month/day/year) _____

I am a citizen of: _____ Address: _____

City: _____ State: _____ Zip code: _____

Cell Phone: _____ Alt Phone: _____

Email: _____ Passport # _____

Issue date: _____ Expiration date: _____ Place of Issue of passport _____

Medical Issues or Disabilities:

EMERGENCY CONTACT: _____ Relationship: _____

Phone: _____ Relationship: _____

Email address: _____ City: _____ State _____

Zip code: _____

___ I attest that the name provided for passport is as it appears on the passport and understand that costly name change fees will be incurred if incorrect. I understand that passport cards are not valid for international travel

___ If I am not a US citizen, I understand that CFN is not responsible to provide necessary travel documents, such as VISAS. It is my responsibility to check with the consulate of each country that I am visiting and obtain any necessary paperwork required to enter those countries.

DEPOSITS AND PAYMENT DUE DATES

GROUP I – Israel Only – Cost: \$4595

___ Enclosed is my \$500 deposit per person for tour (\$100 of which is non re-fundable. (Cancellation and penalties apply, see Terms and Conditions.) Deposit is required to put your name on flight list.

| | | |
|------------------------------|---------------|--------------|
| 1 st Payment due: | Now | Cost: \$500 |
| 2 nd Payment due: | Oct. 15, 2021 | Cost: \$1365 |
| 3 rd Payment due: | Jan. 15, 2021 | Cost: \$1365 |
| 4 th Payment due: | Mar. 30, 2022 | Cost: \$1365 |

GROUP 2 – Israel/Bavaria Germany/Salzburg, Austria – Cost: \$6195

___ Enclosed is my \$850 deposit per person for tour (\$100 of which is non re-fundable. (Cancellation and penalties apply, see Terms and Conditions). Deposit is required to secure flight and The Passion Play tickets.

| | | |
|------------------------------|---------------|--------------|
| 1 st Deposit due: | Now | Cost: \$850 |
| 2 nd Payment due: | Oct. 15, 2021 | Cost: \$1783 |
| 3 rd Payment due: | Jan. 15, 2021 | Cost: \$1783 |
| 4 th Payment due: | Mar. 30, 2022 | Cost: \$1784 |

GROUP 3 – Bavaria Germany/Salzburg, Austria – Cost: \$1800 (Land package Only

The Original Passion Play, 5 Castles and Sound of Music Tour, Salzburg, Austria, The Zugspitze Mountains

___ Enclosed is my deposit per person for tour (Cancellation penalties apply, see Terms and Conditions.) Deposit is required for The Passion Play reservation.

| | | |
|------------------------------|---------------|-------------|
| 1 st Deposit due: | Now | Cost: \$850 |
| 2 nd Payment due: | Oct. 15, 2021 | Cost: \$316 |
| 3 rd Payment due: | Jan. 15, 2021 | Cost: \$317 |
| Final Payment due: | Mar. 30, 2022 | Cost: \$317 |

Email: hospitality@cfni.org phone: (214) 302-6215

METHOD OF PAYMENT – Checks or Credit Card

Make checks payable to:

Christ For the Nations Israel/Germany/Austria Tour – Attention Marianne Allen
3404 Conway Street – Dallas, Texas 75224

To pay by phone call: 214-302-6215

CREDIT CARD PAYMENT INFORMATION

Select the group you choose for your travel

___ Group 1

___ Group 2

___ Group 3

___ VISA

___ MASTER CARD

___ DISCOVER

___ AM X

Credit Card Number _____ Expires _____ Security Code _____

Name as appears on card _____

Address card is billed to _____

City _____ State _____ Zip _____ Phone _____

Amount to be charged to this card _____

By signing below, I/We certify that I have read the "Fine Print," understand its content, and agree to its terms including but not limited to the potential for price increases that may apply before payment in full has been received as set forth in the "Fine Print" and potential price increases after payment in full has been received due to government imposed taxes and fees.

Signature: _____ Date: _____

Signature: _____ Date: _____

Make a copy of your Registration Form, Passport photo page and payment check for your records. The finance department will send you a receipt for your tour.

Enclosed is the *required* **photocopy of our passport photo page** which is valid 6 months beyond tour date.

ACCOMMODATIONS AND ROOMMATES

___ I would like to share a room with _____

___ Please assign me a roommate

___ I would like to room by myself. Single supplement: \$1365

___ Reduction of Child as third in room: US \$246

___ Reduction of Third person in room: US \$206

TOUR MEMBERS NEEDING SPECIAL ASSISTANCE:

The level of activity for CFN Tour ranges from moderate to strenuous daily and pace is moderate to fast. Any physical limitations, health conditions or disability requiring special attention should be reported to CFN Tour Director, Marianne Allen, at the time the reservation is made.

Passengers registering for the tour/s accept the responsibility for being in good health and able to walk and travel on the tour. Because many of the sites are not accessible to the physically challenged, those needing oxygen, wheelchairs, or other ambulatory assistance will find the tour

extremely limiting to their experiences. All team members must be able to move around by themselves and be able to handle their own luggage. We regret that we cannot provide individual assistance to a tour member for walking, dining, getting on and off motor coaches and other transportation vehicles or other personal needs. **Travelers who need such assistance must be accompanied by a qualified companion.**

TRAVEL PROTECTION PLAN PURCHASED SEPARATELY

The Travel Protection Plan is paid in addition to initial deposit or tour payments prior to the final payment for coverage to be in effect.

IMPORTANT INFORMATION REGARDING TRAVEL (illness or death)

1. Coverage cannot be added after you have been paid in full.
2. Premium is based on total cost of trip and is non-refundable.
3. Coverage begins when your premium payment is received by the insurance company (separate from deposit payment and clearly designated as your Travel Protection Plan premium.)
4. Coverage is not available for those living outside of United States.

CANCELLATION FEES

100% Of Cancellation Fees are covered by the optional Travel Protection Plan, provided premium has been paid and reason for cancellation is insurable.

WITHOUT A TRAVEL PLAN CANCELLATION PENALTIES

. Those who do not take travel protection should be aware of the following **cancellation penalties** for Israel/Germany/Austria

ISRAEL TOUR

Submit cancellation in writing and reason of cancellation to CFN Tour Director.

From the day of registration to 104 days prior to departure you will be charged:

- \$500.00 non-refundable administrative fee plus any airline fees.

From the day of registration to 104 -160 days prior to departure you will be charged:

- \$2000 non-refundable administrative fee plus any airline fees

From the day of registration to March 30, prior to departure you will be charged:

- 100% of the total cost

GERMANY & AUSTRIA

Submit cancellation in writing and reason of cancellation to CFN Tour Director.

From the day of registration to days prior to departure you will be charged:

- \$800.00 non-refundable administrative fee, Passion Play ticket.

From the day of registration to March 30, 2020 prior to departure you will be charged:

- 100% of the total cost

Additionally, thereafter you will be charged any airline penalties and a single room supplement if your cancellation forces your roommate into a single room plus the following charges:

- a. March 30 = 100% total cost Submit cancellation in writing - there will be no refund for any services used.