



PO Box 932 St Catharines, ON, L2R 6Z4, Canada

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Phone: +1.905.346.4828 ext. 4006

Fax: 905 346 0160

In the Foot Steps of Paul 2012 Registration Form (3 Pages in Total)

Name: _____
(as it appears on your passport)

Address: _____

City: _____ Prov: _____ Postal Code: _____

Phone: _____ Alt. Phone: _____

E-mail: _____

Date of Birth: (mm/dd/yyyy) ____/____/____ Place of Birth: _____

Note: if you are under 18 years of age and traveling alone, a parent or legal guardian must sign a Comprehensive Waiver and Release of Liability, Agreement to Conditions of Tour, Likeness Release and Indemnity Agreement for you. Please call for a copy of the waiver.

PASSPORT INFORMATION:

A passport valid for 6 months after the tour return date is required for travel. Visas: US & Canadian citizens are required to get a Turkish visa on arrival (USD \$65). No visa is required for Greece for US & Canadian citizens. Citizens of another country, please contact the Greek & Turkish Consulate for passport or visa information.

Passport Number: _____ Expiration Date: _____

* Please send a copy of your Passport Photo page along with this form

TRAVEL ARRANGEMENTS:

Roommate (if known): _____ Single Supplement at \$630: Yes ____ No ____

INSURANCE (see last page for details and rates):

I am purchasing insurance at the additional price of \$_____.

PLEASE INCLUDE INSURANCE PREMIUM WITH YOUR \$300 DEPOSIT

I do not want insurance added to the total cost of my package price (please initial and date here to decline coverage): _____ (date) _____

EMERGENCY CONTACT:

Please notify: Name _____ Tel. _____

Relationship: _____

PAYMENT (\$300 per person deposit due with registration PLUS applicable insurance):

I am enclosing a deposit for _____ persons at \$300.00 each. Sub total \$ _____

Plus: \$ _____ for insurance

Total enclosed: \$ _____

Credit Card

I authorize Grace Television to charge \$ _____ at this time.

Visa MasterCard

Credit Card number: _____ Exp. Date ____/____

CVV _____ (this is the three digit security code on the back of the card)

Name as it appears on card: _____

Signature _____

Check

Please make checks payable to: Grace TV

Full payment due March 1st 2012. All reservations made after this date will need to be paid-in-full upon notification

Cancellations and Refunds:

Up to 90 days prior to departure – refund of deposit (less \$150 administration fee)

90 days prior to departure – deposit non-refundable.

60 days prior to departure – full payment non-refundable

I have friends who are interested in going on this tour! Please send them an information package (please list name, address and tel. number).

I have read and accept the terms and conditions for the In the Foot Steps of Paul 2012

Signature _____ Date _____

To complete your reservation, please send a copy of your Passport Photo page with this completed and signed form as well as your deposit to:

Grace TV

In the Foot Steps of Paul 2012
PO Box 932, St. Catharines ON L2R 6Z4

You may fax a copy to 905-346-0160 or scan and email to emilyb@gracetelevision.net

SHARING DOUBLE ROOM

Rates for All Inclusive Insurance with: Trip Cancellation, medical, trip interruption, lost baggage, etc

Up to 59 yrs old: \$167
60-64 yrs: \$203
65-69 yrs: \$266
70-74 yrs: \$370
75-79 yrs: \$543
80-84 yrs: \$696

SHARING DOUBLE ROOM

Rates for Semi Inclusive Insurance with: Trip Cancellation, (no medical) Trip Interruption, lost baggage etc.

Up to 59 yrs: \$143
60-64 yrs: \$159
65-69 yrs: \$186
70-74 yrs: \$210
75-79 yrs: \$360
80-84 yrs: \$450

RATES SINGLE ROOMS

Rates for All-Inclusive Insurance with: Trip Cancellation, medical, Trip Interruption, lost baggage etc To age 59 years: \$181

Up to 59 yrs: \$187
60-64 yrs \$229
65-69 yrs: \$299
70-74 yrs: \$409
75-79 yrs: \$595
80-84 yrs: \$754

RATES SINGLE ROOMS

Rates for Semi Inclusive Insurance with: Trip Cancellation, (no medical), Trip Interruption, lost baggage etc.

Up to 59 yrs: \$164
60-64 yrs: \$185
65-69 yrs: \$219
70-74 yrs: \$249
75-79 yrs: \$411
80-84 yrs: \$509



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