

Holy Land Tour

especially for Missouri Baptist Convention

PASTORS

PASTORS WIVES

\$2,149 \$2,339

JANUARY 14-22, 2020



My Israel Trip Company



**HOST PASTOR
DR. JIM
& JILL
PLYMALE**



**STATE DIRECTOR
DR. JOHN
& SHARON
YEATS**

EXPERIENCE OF A LIFETIME!



**SECURE
YOUR PLACE
TODAY!**

Submit Form &
Registration
Fee: \$300.00

**LIMITED SPACE
AVAILABLE**

Tour includes:

- Round-trip flights to Israel from Chicago (ORD) Airport
*Land-only packages available
- All-inclusive trip
- Top Hotels
- Breakfast and dinner included daily
- Gratuities already included for guide, bus driver, hotel staff
- Modern motor coach with A/C
- Porterage at each hotel (one piece per person)
- Entrance fees per itinerary
- Services of English-speaking professional Israeli guide
- Trip plan includes everything covered except snacks, souvenirs, lunches, and incidentals

Some of the Highlights:

- Western Wall • Mount of Olives
- Garden Tomb • Temple Institute
- Upper Room • Garden of Gethsemane
- Caesarea Maritime • Capernaum Village
- Boat ride on the Sea of Galilee • & more!

For additional information contact:

Dr. James Plymale

Phone: (314) 540-2570

Email: jamesply@aol.com



WHERE JESUS WALKED!

REGISTRATION FORM

Send your \$300 registration fee with this form to SECURE YOUR SPOT!

ALL NAMES MUST APPEAR AS THEY ARE ON YOUR PASSPORT

Please print clearly

Last Name: _____ First Name: _____ Middle: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: (Home) _____ (Cell) _____ E-mail: _____

Passport Number: _____ Expiration Date of Passport: _____

***Please provide a copy of your main passport page with this form, or as soon as possible.**

Gender: ☐ Male ☐ Female Date of Birth: _____ Nationality: _____

Emergency Contact (someone who is not traveling with you)

Name and Phone Number only: _____

"I would like a single room" (please mark one): ☐ **Yes** (adds \$390 extra cost) ☐ **No** (adds \$0. If no, provide your roommate's name below.)

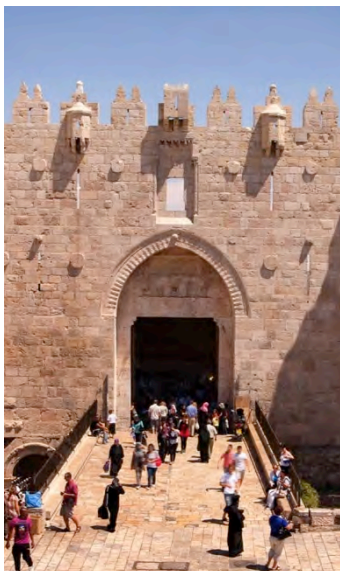
Roommate Name (room to have two beds): _____

Do you wish to purchase travel protection insurance? ☐ **Yes** ☐ **No** *ask group leader (listed below) for information about insurance.

***Payment for travel insurance MUST be made prior to or with the final trip payment**

Insurance MAY NOT be purchased after final trip payment has been received.

"I understand the terms below" — Please sign here: _____



My Israel Trip Company

General Terms & Conditions
FINAL FULL PAYMENT DUE: September 29, 2019
Price is a Group Rate based on a minimum of 40 paid passengers.
Cancellation Penalties:
Prior to Departure Penalty:
104 to 61 days: \$300 per person
60 days or less: 100% of trip cost
Registration Fee is non-refundable and counts towards total trip price.
If paying by credit card, registrant must cover extra fees (usually 3%).
Passenger is responsible for making sure their passport is valid for at least six (6) months beyond trip dates.

Make check payable to: My Israel Trip
*** Mail this completed form with check to: ***
ATTN: Dr. James Plymale
P.O. Box 310
Union, MO 63084



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