

## TRAVEL REGISTRATION FORM

Mail to: Nour Travels

2064 Sproul Road,  
Broomall, PA 19008

Tel: 610-359-7521

email: NourTravels@gmail.com

Leader: Fr. Ghevond Ajamian

Departure Date: July 20, 2023



### St. Sarkis Armenian Church Pilgrimage to Holy Land Dates of travel: July 20-30, 2023

**Price includes per person:** Roundtrip Airfare from DFW-TLV; Full transportation and transfers in Holy Land as specified in itinerary; Breakfast/Dinner as specified in the itinerary; Entrance fee to all sightseeing destinations; Tour guide (English); Hotel accommodation on Double occupancy (Gloria Hotel-Jerusalem)

**Price per person: - \$ 3,500**

**Land package: \$2,050**

*Price does not include: Travel Insurance\*, Soft and alcoholic drinks; Tips; Additional tours and transfers not included in the itinerary.*

**Payment:** \$500 per person non-refundable deposit; Final payment due 90 days prior to departure; **Deviation supplement available for additional charge and must be request at least 120 days before travel, based upon availability at time of request**, additional 4% credit card fee.

**Accommodations:** Price based on double occupancy; Single rooms are available for a supplementary charge of \$950.

**Airline Tickets:** Once printed, airline tickets cannot be changed or refunded thereafter. Air transportation to/from your destination will be economy class utilizing non-refundable, non-amendable tickets for groups of 10 or more flying together for entire itinerary.

**Flight Times:** All flight times are subject to change by the airlines without advance notice. Nour Travels is not responsible for such changes or delays and does not reimburse expenses resulting from such delays.

**Cancellation Fees:** Travel Insurance is NOT included in this package, though it may be purchased separately. Cancellation penalties: From day of registration to 90 days prior to departure you will be charge the \$500 non-refundable deposit. Thereafter, the following charges apply: 89-60 days - 25% of total package, 59-45 days—40% of total package, 44-31 days—60% of total package, 30-15 days—80% of total package, 14 days to day of departure—100% of total cost.

**Submit cancellation in writing.**

On or after day of departure, no refund for any services not used.

**\*Travelers Insurance:** Please note that Nour Travels is not responsible for the negligent, careless, reckless and/or independent act of third parties that have been retained by Nour Travels for the purpose of this trip and package purchased by Nour Travels Inc. You may however elect to purchase TRAVELERS INSURANCE (Travel Guard Insurance). Nour Travels highly recommends the purchase of Travelers insurance for your protection during this special time of travel. Travelers insurance may be purchased to insure against, theft, illness and other unexpected and unpleasant events. Please visit the website to obtain a list of insurance available to you.

By executing this document I, my heirs and beneficiaries, hereby release, acquit and waive any and all actions, causes of action, claims, demands, damages, costs, loss of services, expenses and compensation, or account of, or in any way growing out of, any and all known and unknown personal injuries and property damage resulting or to result from the package and travel purchased from Nour Travels against Nour Travels, its agents, representatives and/or employees. I further acknowledge that any potential claim is limited to the purchase price of my travel package purchased by Nour Travels.

Legal Name: \_\_\_\_\_

*first, middle and last as it appears on your passport*

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Work Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Email Address: \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: M F  
month day year

Emergency Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**COMPLETE this SECTION ONLY  
IF a CHILD or SPOUSE is TRAVELING WITH YOU**

Legal Name: \_\_\_\_\_

*first, middle and last as it appears on your passport*

Email Address: \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: M F  
month day year

Emergency Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Your Roommate: \_\_\_\_\_

Single Room Supplement: \_\_\_\_\_

**PAYMENT:**

\_\_\_\_ via check-

\_\_\_\_ via Credit Card (4% processing charge)

Credit Card # \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

**Full Deposit of \$500 per person required (non-refundable),  
Due by October 25, 2022, Balance due: March 15, 2023.**

**COPY OF PASSPORT PHOTO PAGE  
REQUIRED 90 DAYS PRIOR TO DEPARTURE**

Signature: \_\_\_\_\_