



The
Holy Scriptures and Israel
Bible Society

**ISRAEL TOUR WITH
OPTIONAL 6-DAY GREEK
ISLANDS BIBLE EXPERIENCE**

with Gideon Levytam including a 4 day
cruise aboard the **CELESTYAL OLYMPIA**

Plus tours of Athens, Corinth, Ephesus & Patmos

April 3 - 8, 2019

"I John, was in the isle that is called Patmos for the word of God & for the testimony of Jesus Christ" Rev 1:9



ITINERARY (subject to change without notice)

	PORT	ARRIVE	DEPART
Apr 3	Depart Tel Aviv for Athens		8:00 pm
Apr 4	All day tour of Athens with Mars Hill (Acropolis) & Corinth		
Apr 5	Athens, Greece		11:30 am
Apr 5	Mykonos, Greece	6:00 pm	11:00 pm
Apr 6	Kusadasi, Turkey	7:00 am	1:00 pm
Apr 6	Patmos, Greece	4:00 pm	9:00 pm
Apr 7	Crete (Heraklion), Greece	7:00 am	11:30 am
Apr 7	Santorini, Greece	4:30 pm	9:30 pm
Apr 8	Athens, Greece	7:00 am	

Greek Islands Bible Experience Tour with Inside Stateroom

\$1,399 CAD (tax incl.) pp double occupancy

Oceanview add \$40 CAD pp. Other cruise categories available. Call for single/ triple occupancy rates
(deposits are fully refundable until final payment date)

INCLUDES:

Flight - Tel Aviv to Athens, all transfers, 2 nights hotel in Athens including breakfast, Day tour of Athens, Corinth & Mars Hill/Acropolis, 4 day cruise on Celestyal Olympia (all-inclusive including all meals, unlimited drink package, port fees, gratuities & excursions in Kusadasi (Ephesus) & Patmos - St John Monastery

NOT INCLUDED: The lunch & dinner & guide/driver gratuities on April 4th

Payment Schedule (Credit Card only):

Initial Deposit of \$250 USD per person at time of booking / deposit refundable until Jan 2, 2019

Price subject to change prior to final payment due to US currency exchange rates

Final Payment (balance) due Jan 2, 2019

To book your trip, or for more information, contact:

Dave Smith 905-641-3053 / 1-877-641-3053 (toll-free)

TravelOnly Beyond a Dream

BeyondADream@TravelOnly.com / www.beyondadream.ca



ISRAEL THE LAND OF THE BIBLE TOUR WITH GREEK ISLANDS BIBLE EXPERIENCE BOOKING FORM

Couples complete only 1 form / Single parties please complete 1 form each

Booking Options:

FAX form(s) & passport photocopy to 905-228-4001

or MAIL with form(s) & passport photocopy to

TravelOnly Beyond a Dream, PO Box 20373, St. Catharines ON L2M 7W7

(Please don't mail credit card numbers – complete form without cc number & call it in to us)

PLEASE SUBMIT PASSPORT PHOTOCOPIES (photo page) WITH THIS FORM.

If you do not have passports, submit this form to book your trip and apply for your passport(s) asap. Provide us with the photocopies as soon as you receive them. Please do not delay your booking while waiting for passports to arrive.

Legal Name as it appears on your Passport <i>(Please print)</i> ↕	Usually called ↕	Birthdate (month/day/year)
Legal Name as it appears on your Passport <i>(Please print)</i> ↕	Usually called ↕	Birthdate (month/day/year)
Address ↕	Citizenship ↕	
City & Province ↕	Postal Code ↕	
Home Phone # ↕	Alternate Phone # (i.e. work or cell) ↕	
E-mail Address ↕		
Emergency Contact: Name ↕	Relationship ↕	Home Phone # / Alternate Phone # ↕
Special Needs (ie. use wheelchair) / Diabetic / Drug Allergies (please list) / Food Allergies (please list) ↕		
Please cross-reference me with the following people (for travelling & hotel accommodations): ↕		

Number of passengers ____ x \$ _____ = _____ (Total cost of trip)
 Optional Greek Islands Cruise: ____ Inside Stateroom or ____ Oceanview Stateroom

I authorize TravelOnly Beyond a Dream to process the above transactions to my credit card.

Credit Card # _____ Expiry Date _____ Security Code _____
 Card Holder Name _____ Signature _____ Date _____

For credit card charges requested on a card in which the card holder is not travelling with this tour, a
Third Party Authorizaton Form will be requested.

TRAVEL INSURANCE:

Yes Please contact me with quotes for (Please check one):
All Inclusive (includes Cancellation & Medical) or *Cancellation only* or *Medical only*

No I have insurance elsewhere and do not wish to receive a quote. By signing below I am declining all travel insurances. I understand that I will assume all financial loss associated with my travel arrangements and will not hold TravelOnly Beyond a Dream, or their Agents responsible for any expenses incurred before or during my trip.

Signature (declining insurance) _____ Date _____



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