

***Israel Educational Mission***  
***September 29<sup>th</sup> – October 7<sup>th</sup>***  
***2017***

**Information:**

We will be flying out of Chicago together on the 29th of September to embark on an educational/spiritual mission to Israel. Pastor Jeremy Lang will be leading this group and will be limited to 20 participants who must be 18 or older.

**Passport Information:**

You will need a passport for this trip.

**Estimated Cost:**

<b>Average Airfare</b>	<b>950.00</b>
<b>Hotel room (double occupancy)</b>	<b>550.00</b>
<b>Transportation cost</b>	<b>500.00</b>
<b><u>Guide's expenses</u></b>	<b><u>200.00</u></b>
<b>Total</b>	<b>2200.00</b>

*\*\*Please keep in mind this figure does not include money for daily food*

*\*\* Hotel/Airfare/Transportation are all estimated*

*\*\* There may be times when we have to take a taxi and you would be expected to cover the cost while on location.*

*\*\* There will be tour stop entrance fees all of which are optional, we will give an estimate before we travel. You would be expected to cover this expense.*

**Checks:**

All checks need to be payable to the **Apostolic Crusaders** and should be mailed to:

Faith Apostolic Church  
Attn: Josh Wilson  
1212 E 116<sup>th</sup> St.  
Carmel, IN 46032.

**Dates to remember:**

**June 1<sup>st</sup> 2017 → 200.00 Guide's expenses will be due**

**July 1<sup>st</sup> 2017 → 950.00 for Airfare will be due**

**September 1<sup>st</sup> 2017 → 1050.00 for Hotel and Transportation will be due**

Full Name (exactly as it appears or will appear on your passport):

\_\_\_\_\_

Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

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

Home Phone Number: (\_\_\_\_) \_\_\_\_\_ Cell Phone Number: (\_\_\_\_) \_\_\_\_\_

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

Home Church Name: \_\_\_\_\_

Church Address: \_\_\_\_\_

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

Church Phone Number: (\_\_\_\_) \_\_\_\_\_ Pastor's Name: \_\_\_\_\_

**Passport Information (exactly as it appears on passport :)**

Type of Passport: \_\_\_\_\_ Authority: \_\_\_\_\_ Passport Number: \_\_\_\_\_

Nationality: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Sex: \_\_\_\_\_ City of Birth: \_\_\_\_\_ State of Birth: \_\_\_\_\_

Date of Issue (ex 28 Apr. 2002): \_\_\_\_\_ Date of Expiration: \_\_\_\_\_

**Room assignments:** There will be a minimum of two people per room in the hotel. Please name your desired roommate: \_\_\_\_\_ if you do not name a roommate, we will assign one to you.