



**Holy Land Tour**  
**The 4 Seas Tour of Israel**  
**Hosted by: Pastor David & Lisa Larson**  
**Optional Tour to Petra**  
**Nov 18 - 29, 2012      CAD \$ 3285**

**Tour Includes:** Return air travel from **Edmonton** to **Israel** ♦ **Transfers & assistance** upon arrival and departure  
 ♦ **Hotel accommodation & taxes** ♦ **Breakfasts and dinners** daily A qualified **English speaking** guide/driver ♦  
**Sightseeing** by deluxe air conditioned bus ♦ **Admission fees** to sites mentioned on  
 the itinerary ♦ **Information Kit** and Final documents

**Tour Excludes:** **Petra** Optional Tour **\$285** ♦ Airline Departure and security **taxes \$650** ♦ **Tips** to driver, guide  
 and hotel staff **\$100 USD** ♦ Single room supplement **\$699** ♦ Comprehensive Insurance **\$237** up to age 59  
**Border taxes, Visa** and tip to **Jordan** around **\$60 USD**

\* Airline Departure taxes are subject to change

**For information please contact:**

**Pastor David Larson** ♦ **Westerose** ♦ **AB** ♦ **Phone:** 780 586 2757 **Cell** 780 360 9647 ♦ **Email:**  
 larsondavid4@gmail.com

**For registration and booking contact:**

**Sunworld Tours** ♦ #619 7620 Elbow Dr. SW Calgary ♦ **AB** ♦ T2V 1K2 ♦ **Phone:** 1 800 461 6854 or 403 245 9181  
**Fax:** 403 245 0611 ♦ **Email:** sunworld@sunworldtours.com **Website:** www.sunworldtours.com

**Cancellation Penalties:**

Please forward to Sunworld Tours: \$200 non-refundable deposit, Registration  
 Form and photocopy of the picture page of your passport. Final payment is due on Sep 10, 2012 25 % of total tour  
 cost will be non refundable within 44-31 Days prior to Departure 100 % of total tour cost will be non refundable if  
 Cancelled within 30-0 Days prior to departure

**Registration Form**

\_\_\_\_\_  
 Pastor David Larson Tour Nov 18 – 29, 2012

Name 1 \_\_\_\_\_  
 [Same as on passport Last/First ] [ Mr/Mrs/Ms] Date of Birth MM/DD/YY

Name 2 \_\_\_\_\_  
 [Same as on passport Last/First ] [ Mr/Mrs/Ms] Date of Birth MM/DD/YY

Mailing Address \_\_\_\_\_  
 For P.O Box provide St. address Street City Province Postal code

Phone Home [ ] \_\_\_\_\_ Fax [ ] \_\_\_\_\_

E-mail \_\_\_\_\_

I wish to have a single room \$699 [ ] I wish to room with \_\_\_\_\_

I need full package insurance [ ] Non medical insurance [ ] none [ ]

Please sign here if you denied the insurance: \_\_\_\_\_

Your name as you would like to be called on the tour \_\_\_\_\_

I would like to take Petra Optional Tour \$285 [ ]







