

REGISTRATION FORM
PLEASE FILL OUT FORM COMPLETELY
SHOMRIM ISRAEL MISSION APRIL 30 – MAY 9, 2024

Passenger First Name _____ Middle Name _____

Last Name _____

IT IS YOUR RESPONSIBILITY TO WRITE YOUR NAME IN PRINT EXACTLY as it appears in your passport! Airlines charge high fees to change names and TSA may not allow you to board your flight if your name on ticket and passport does not match!

Male _____ Female _____

Address _____ City _____

State _____ Zip Code _____

Phone _____ Cell phone _____

Have you traveled with us before Yes _____ No _____

Email Address _____

Passengers who have not submitted passport information will incur a VAT fee upon check in at EACH hotel.

Passport Nationality _____ Date of Birth _____

Passport No. _____ Issue Date _____ Expiration Date _____

(Passport must be valid 6 months after your return date)

Emergency Contact Name _____ Telephone _____

Single room supplement Yes _____ No _____

Rooming with _____

(Please print as it appears on passport)

Special request: _____

INSURANCE Yes _____ No _____

Upon sending deposit you agree to the terms and conditions of the tour brochure.

For more details ABOUT TRAVEL INSURANCE visit www.aviatours.net under travel insurance

PLEASE SEE TOUR BROCHURE FOR TERMS AND CONDITIONS OF THIS TOUR

I have read the tour brochure and agree with its terms and conditions: _____

Signature

Deposits made without a signed registration form will not be accepted.

PLEASE COMPLETE THIS FORM AND SEND IT WITH YOUR DEPOSIT TO THE ADDRESS BELOW.

PLEASE SEND A COPY OF THE PASSPORT PAGE THAT HAS YOUR NAME ON IT.

For more information please contact

**Elliot Cohen Tel 847-778-7272 or Steven Lane 917-478-1078 or Sam Miller
347-723-6708 or email shomrim2023@gmail.com**

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