



BOOKING FORM:

Monday 23rd October – Wednesday 1st November 2017

Name (as appears on passport): _____

Address: _____

Name of accompanying person(s): _____

Additional Information Requested:

Room type on the tour: single or twin (double) share: _____

Meal Preferences - Please let us know if you require a special dietary meal:

PASSPORT DETAILS:

Date of Birth _____ Nationality (as per passport) _____

Date of Expiry of Passport _____

Contact Number (H) _____ (B) _____

(MOBILE) _____ Email _____

PLEASE SEND IN A PHOTOCOPY OF THE FRONT PAGE OF YOUR PASSPORT WITH THIS FORM

I/WE HAVE BEEN ADVISED ON THE IMPORTANCE OF TRAVEL INSURANCE AND HAVE CHOSEN AS FOLLOWS:

- [] I choose to take out travel insurance as recommended
[] I am not taking out travel insurance cover

I/WE ARE INTERESTED IN THE SPECIAL GROUP FLIGHTS TO ISRAEL:

[] Yes
[] No

Deposit:

A non-refundable deposit of \$150.00 per person is required at time of booking.

Please return this form to our office with your deposit of \$150 per person for this tour.

Thank you for booking with the Israel Travel Centre. We are committed to providing you, our customer, with value for money travel and travel related services in the most efficient manner possible.

SIGNED _____

DATE _____