

# TOVA GILEAD - TOURS TO ISRAEL

420 Lexington Avenue, Suite 300, New York, NY 10017 Tel: 800.242.8682 Email: tova@tovagilead.com

## RESERVATION FORM

Name: \_\_\_\_\_ Home phone: \_\_\_\_\_  
Street: \_\_\_\_\_ Cell: \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Email: \_\_\_\_\_

Tour Date: \_\_\_\_\_ \$500 per person by credit card: AMEX \_\_\_\_\_ Visa \_\_\_\_\_ MC \_\_\_\_\_

The card will be charged by my office in Israel. Please check that your credit card company will not charge a foreign transaction fee.

Account # \_\_\_\_\_ Exp. \_\_\_\_\_ Security # \_\_\_\_\_ Signature \_\_\_\_\_

Trip Insurance \$279 per person must be purchased at the time of the deposit. Yes No

Name As On Passport			Sex	Birth	Passport	Exp.
First	Middle	Last	(M/F)	Date	Number	Date*
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

\*Passports must be valid for at least six months beyond your return date.

Rooming arrangements: Single \_\_\_\_\_ Double \_\_\_\_\_ Triple \_\_\_\_\_

Deviations, extensions and special requests: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_