

TOVA GILEAD - TOURS TO ISRAEL

155 East 44th St., 6th Fl., 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 deposit 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 does not charge a foreign transaction fee.

Account # _____ Exp. _____ Security # _____ Signature _____

Trip Insurance \$279 per person must be purchased at the time of 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 _____

Indicate deviations, extensions, food restrictions, special requests:

If you booked your own flights, please include a copy of the tickets.

Bar/Bat Mitzvah Information if applicable:

Child's First Name _____

Child's Hebrew Name _____

Father's Hebrew Name _____

Mother's Hebrew Name _____