

Family Reservation & Information

B"H

January 15- January 24, 2013
to Israel

Chabad of the Five Towns' 13th Mission

First Name Last Name

Zip State City Address

Cell Phone (Work) Phone (Home)

E-mail Fax

FAMILY MEMBERS JOINING THIS MISSION

Trip to Israel: Carrier Date/Time Flight # Date of Arrival Time of Arrival

Trip from Israel: Carrier Date/Time Flight # Date of Departure

Name (as it appears on Passport) (M/F) Birthday Age at time of Travel Passport Number Exp. Date

Name (as it appears on Passport) (M/F) Birthday Age at time of Travel Passport Number Exp. Date

Name (as it appears on Passport) (M/F) Birthday Age at time of Travel Passport Number Exp. Date

Name (as it appears on Passport) (M/F) Birthday Age at time of Travel Passport Number Exp. Date

Name (as it appears on Passport) (M/F) Birthday Age at time of Travel Passport Number Exp. Date

Name (as it appears on Passport) (M/F) Birthday Age at time of Travel Passport Number Exp. Date

#: ___ Adults (Double) ___ Adults (Single) ___ Child with parents ___ Children (Double) ___ Children (Triple)

RESPONSIBILITY: Israel Maven Tours., (hereinafter called the Tour Operator), acts only as an agent for the various companies, owners or contractors providing the means of transportation, accommodation and other services. The Tour Operator shall not be in any way liable for injury, damage, loss, accident, delay or irregularity in any vehicle, or through the acts or defaults of any company or person engaged in conveying the passenger/s, or of any hotel proprietor, personnel or servant otherwise in connection therewith.

The right is reserved by the Tour Operator in the event it becomes necessary, to withdraw any tour announced in this program, or make alterations to the itineraries as may be found desirable or appropriate for carrying out the tours. In the event it becomes necessary or advisable in the Tour Operator's discretion to alter the arrangements or itineraries for the passenger/s comfort or welfare or for any reason whatsoever, such alterations may be made without penalty to the Tour Operator. The Tour Operator reserves the right to change any hotel/s listed with another of a similar category, if circumstances necessitate. Additional expenses, if any, shall be borne by the passenger/s. The right is reserved to decline to accept or retain any person as a member of any group at any time.

Please Sign Agreeing to Contract Terms _____ Date _____

Please complete this form and return to Chabad of the Five Towns, 74 Maple Ave, Cedarhurst NY 11516