

RESERVATION FORM FOR SUCCOT 2009 – page 1

Please complete in **clear bold letters** all information below, sign at the bottom of both pages and **fax to us at: +972.2.992.9802** or scan and email to us at: shelley@eddiestravel.com

DAN CAESAREA RESORT HOTEL

For office use only:
Docket ref #

Person in whose name this booking is being made: Contact person/Agent for this booking (if different):

NAME:

NAME:

Address:

Address:

City: Post Code:

City: Post Code:

Phone:..... Mobile:

Phone:..... Mobile:

Fax / E-mail:

Fax/ E-mail:

Passport No: Nationality:

We will arrive on:

We will depart on:

***Rates** as per Eddie's Travel Rate Sheet & Terms.

***Deposit** of \$500 (Tourists) or NIS2,000 (Israelis) per room is required to confirm booking.

***Full payment** is due 45 days prior to Succot (i.e. by August 20, 2009).

METHOD OF PAYMENT:

***NOTE:** For credit card payments there is an merchant fee of: AMEX-4%; Other-2%

**Bank
Transfer**

Check

**Credit
Card**

Cash

For Check and Credit Card Payments:

I hereby authorize that for this booking you may deposit my check to **Eddie's Travel** or debit my credit card as per the details provided below.

CREDIT CARD DETAILS:

***NOTE:** Regardless of the chosen payment method as listed above, credit card details must be provided as security for payment for this booking. By signing below, authorization is hereby given to debit the credit card provided below for any payment not received by **Eddie's Travel** for this booking as per Eddie's Travel Rates, booking terms and the cancellation policy listed below.

Visa Mastercard American Express Other:

Card Holder's Name: _____ Expiry Date: _____

Card Number: _____

Cancellation fees (per person):

More than 90 days: 50% of deposit

90 – 46 days: 25% of total cost

46 – 31 days: 60% of total cost

31 – 14 days: 80% of total cost

Less than 14 days: 100% of total cost

I hereby agree to the terms set forth in this Reservation Form and confirm that all the information provided herein is true and accurate:

Name: _____

Signature: _____

Date: _____

Please note that this form is not valid unless accompanied by the 2nd page of the Reservation Form that details number of guests, room occupants & room type, with signature or initialed.

RESERVATION FORM FOR SUCCOT 2009 – page 2

GUEST DETAILS AND ROOM TYPE: Please list the full names of all occupants in each room

Room	NAMES OF OCCUPANTS <small>up to 4 persons* in each room (adults or children)</small>	Tourist (T) or Israeli (I)	BIRTH DATE (adults) or AGE** (children /infants)	TOTAL NO. OF PERSONS IN THE ROOM (incl. infants)	ROOM TYPE <small>Regular Deluxe; or Suite</small>	SPECIAL REQUESTS <small>e.g. connecting, adjacent, view, Balcony, baby cot, etc.</small>
1	1.			adults _____		
	2.			children _____		
	3.			infants _____		
	4.					
2	1.			adults _____		
	2.			children _____		
	3.			infants _____		
	4.					
3	1.			adults _____		
	2.			children _____		
	3.			infants _____		
	4.					

* max no. of persons per room= 4 + infant in baby cot **Children's Ages as of Succot '09

*****FOR ADDITIONAL ROOMS UNDER THIS BOOKING PLEASE COPY THIS SHEET*****

ADDITIONAL REQUESTS/ SPECIAL REQUIREMENTS:

2nd PAGE SIGNATURE INITIALS: _____