

RESERVATION FORM FOR PESACH 2010 – page 1

Please complete in clear CAPITAL LETTERS all information below, sign at the bottom of both pages and **fax us: +972 2 992 9802** or scan and email us: shelley@eddiestravel.com

RAMAT RACHEL HOTEL JERUSALEM

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;

***Tips** of \$10 / 40NIS per room, per day will be added to price;

***Deposit** of \$500 / 2,000NIS per room is required upon confirmation of booking;

***50%** payment is due by January 1, 2010;

***Balance** of outstanding amounts are due no later than February 12, 2010.

PLEASE CONFIRM PAYMENT METHOD:

**Bank
Transfer**

Cheque

**Credit
Card**

Cash

***NOTE:** Credit Card merchant fee AMEX 3%;
Visa or Mastercard 2% will apply

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:

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:

Expiry Date:

Card Number:

Cancellation fees per person:

Within 90 days: 50% of Deposit

Within 14 days: 100% of Total

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.

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

Room	NAMES OF OCCUPANTS <small>Max 4 persons in each room Adults or Children) PLUS infant in baby cot</small>	Tourist (T) or Israeli (I)	BIRTH DATE or AGE <small>(adults) (children/ infants)</small>	TOTAL NO OF PERSONS IN THE ROOM <small>(incl. infants)</small>	ROOM TYPE <small>Regular; Deluxe; Family Room w/Jacuzzi;</small>	SPECIAL REQUESTS <small>Connecting; Adjacent; Balcony</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.					

We will participate in the **FIRST NIGHT COMMUNAL SEDER**: No of: ADULTS ____ CHILDREN ____

We require a **PRIVATE SEDER** for **FIRST NIGHT** Pesach: Number of: ADULTS ____ CHILDREN ____

Will you be observing 2 days Chag? Yes No

We will participate in the **SECOND NIGHT COMMUNAL SEDER**: No of: ADULTS ____ CHILDREN ____

We require a **PRIVATE SEDER** for **SECOND NIGHT** Pesach: Number of: ADULTS ____ CHILDREN ____

We wish to order the 4 day Chol Hamoed lunch option Yes No

ADDITIONAL REQUESTS/ SPECIAL REQUIREMENTS:

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

2nd PAGE SIGNATURE: _____