

## KOSHER TOURS RESERVATION FORM - page 1

Please complete this form in **CLEAR CAPITAL LETTERS**, sign the bottom of both pages and  
**Fax it to: +972.2.992.9802**

### TOUR/DATE:

For office use only:  
**Docket ref #**

**PASSENGER 1 NAME: as shown on passport**

**PASSENGER 2 NAME: as shown on passport**

Address: .....

Address: .....

City: ..... Country:.....

City: ..... Country:.....

Phone:.....

Phone:.....

Mobile: .....

Mobile: .....

Fax: .....

Fax: .....

E-mail: .....

E-mail: .....

Passport No: .....

Passport No: .....

Nationality: .....

Nationality: .....

Date & City of issue:.....

Date & City of issue:.....

Exp date:.....

Exp date:.....

**METHOD OF PAYMENT:**

Merchant Fee: AMEX 3%; Other 2%

**Bank  
Transfer**

**Check**

**Credit  
Card**

**Cash**

**BANK INFORMATION:** Eddie's Travel Ltd; Bank HaPoalim-Branch 749 Netanya ISRAEL

Account #: 274409 Swift/BIC: POALILIT; IBAN #IL012749000000274409

**Please fax copy of bank transfer +972.2.992.9802**

- ◆ \$500 USD Deposit per person must be received in order to confirm your reservation.
- ◆ Full payment is due 90 days prior to departure.
- ◆ Automatically debit my card for balance  **Yes**  **Please call first.**
- ◆ All bank charges including bank of remitter and intermediary bank should be paid by remitter

**CREDIT CARD:** Regardless of the chosen payment method, 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.

MasterCard       Visa       American Express

Card Holder:

Expiry Date:

Card Number:

**Name:**

**Signature:**

**Date:**

**PLEASE SEND A COPY OF YOUR PASSPORTS WITH THIS FORM**

## KOSHER TOURS RESERVATION FORM - page 2

**PARTICIPANT DETAILS AND ROOM TYPE:** List the full names of all guests in each room  
Please print out additional copies if booking additional rooms

	NAMES OF OCCUPANTS IN THE ROOM	BIRTH DATE	NUMBER OF PERSONS IN ROOM	ROOM TYPE 2 BEDS, 1 BED	SPECIAL REQUESTS
	1.		adults _____		
	2.		children _____		
	3.				
	4.				

Single Travelers: I would like accommodation at Single supplement rate

Additional Special requests: .....

Please provide an assessment of your **Health and Physical condition**, or limitations.  
Some of our programs are more active in nature than others. Eddie's Travel has the right to decline an application if we deem a participant unfit or unable to participate in the activities for a specific program:

→ .....

Emergency contact numbers and details:.....

### CANCELLATION FEES & POLICY:

A minimum number of participants are required to operate tour dates. If a minimum number has not been reached prior to tour departure and the tour is cancelled you will receive a FULL refund.

- 90 days before departure bookings are refundable less a \$100 administration fee
- 60-90 days prior to departure: \$500 + \$100 per passenger
- 30-60 days prior to departure: \$1,000 + \$100 per passenger
- Less than 30 working days prior to departure: 100% of total - no refund
- **We strongly recommend purchasing Travel Insurance.**

**2nd PAGE SIGNATURE INITIALS:** \_\_\_\_\_