

**REGISTRATION FORM (“Israeli Experience Tour” – Oct. 13-25, 2010)**

Name (Exactly as appears on your passport) \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Numbers: Home: ( ) \_\_\_\_\_ Work: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: Male Female Smoker: Yes No

Citizen of: \_\_\_\_\_ Passport number: \_\_\_\_\_ Date of issue: \_\_\_\_/\_\_\_\_/\_\_\_\_

Country Passport was issued: \_\_\_\_\_

My seating companion is: \_\_\_\_\_

Roommate’s name: \_\_\_\_\_

Single Hotel Accommodation (for an additional sum. of \$700): Yes No

Planning on “Land Only” Deal? (\$1,900.00)? Yes No

Planning on “Eilat-Petra Extension”? (Oct. 25-28, 2010, for Additional sum. of \$650): Yes No

Special Requests/Needs/Medical Conditions: \_\_\_\_\_

In case of Emergency Please Notify (Mandatory): Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Have you been to Israel before? \_\_\_\_\_ If so, when \_\_\_\_\_

Name tag should read: \_\_\_\_\_

I understand that I am responsible to pay all necessary fees and dues by the appropriate deadlines. I will not hold Tour Your Roots, Rami Danieli, staff, representatives, or other agents involved in organizing different aspects of this tour, liable or responsible for, and hereby release them from, any and all deaths, injuries, accidents, illnesses, damage, medical bills, lost or stolen property, or any other unexpected fees as they occur at any time during October 13-25, 2010 and October 25-28 2010 for the optional extension. I agree to the tour’s terms and conditions in full and understand that travel & health insurance policies are strongly recommended!

I \_\_\_\_\_ confirm with my signature, that I have read and understand ALL of the foregoing terms and conditions and the information and terms and conditions regarding Israeli Experience Tour (including, but not limited to, the color brochure and the attached forms), and I agree with ALL that I read!

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of custodial parent or legal guardian if under 18: \_\_\_\_\_