

Information and registration form **Passover 2018**
TOUR DATE: March 28-April 8, 2018

<u>LAST NAME</u>	<u>FIRST NAME</u>	<u>BIRTH DATE (D/M/Y)</u>	<u>Frequent flyer nos.</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____

Mailing address _____ Postal Code _____

Tel. _____ Bus. _____ Cell _____ Fax _____

Email _____ Bar/Bat Mitzvah Child is: Kohen ___ Levy ___ Israel ___

Hebrew names: Child _____ Father _____ Mother _____

Special requirements: (medical, Nutrition etc.) _____

Choice of Insurance: All inclusive (includes Medical): _____ Semi-inclusive: _____

REGISTRATION

I wish to register and secure space on your tour departing (date) _____ please find

enclosed a Cheque for the amount of \$450 US X _____ (no. of participants) = _____.

Or please charge my card (for deposit only):

VI/MC/AX/DC No. _____ Exp.: Mo _____ Year _____

Date _____ Signature _____

For more information please call **Peerless Travel** at 416-888-2828 or 1-800-294-1663 and speak to Kathy (#345) or Ehud (#322) or email Kathy@peerlesstravel.com or visit our office. Visit our website: www.goisrael.com