

REGISTRATION FORM

TOURING ISRAEL with JENNIFER SANDS

April 2 – 12, 2019

\$3995 per person

Passenger Information – Traveler # 1

Full name must be *exactly as it appears on your Passport* or Passport application. **Please include a photocopy of the picture page of your Passport.**

Please print clearly!

First Name: _____

Middle Name: _____

Last Name: _____

Street Address: _____

City _____

State _____ Zip _____

Home Phone _____

Cell Phone _____

Email Address _____

Date of Birth _____

Please circle: Male Female

Do you have any special Dietary needs? _____

Do you have any significant physical limitations? _____

Do you have:

Diabetes? _____

Respiratory disease? _____

Heart disease? _____

Hearing Loss? _____

Peanut, Gluten, or other Allergy? _____

Do you have any other medical conditions that we should be aware of, in case you need assistance? _____

Emergency Contact name, phone number, and relationship: _____

Roommate Name (if known at this time): _____

I would like my name tag to read: _____

Passenger Information – Traveler # 2

Full name must be *exactly as it appears on your Passport* or Passport application. **Please include a photocopy of the picture page of your Passport.**

Please print clearly!

First Name: _____

Middle Name: _____

Last Name: _____

Street Address: _____

City _____

State _____ Zip _____

Home Phone _____

Cell Phone _____

Email Address _____

Date of Birth _____

Please circle: Male Female

Do you have any special Dietary needs? _____

Do you have any significant physical limitations? _____

Do you have:

Diabetes? _____

Respiratory disease? _____

Heart disease? _____

Hearing Loss? _____

Peanut, Gluten, or other Allergy? _____

Do you have any other medical conditions that we should be aware of, in case you need assistance? _____

Emergency Contact name, phone number, and relationship: _____

Roommate Name (if known at this time): _____

I would like my name tag to read: _____

Tour Price is \$3995 per person. Single Supplement is \$962 (requested or not). A \$400 deposit (by check) is required to guarantee your place on the Tour. The 2nd payment of \$1600 is due October 1, 2018. Final balance is due February 1, 2019. Credit cards may be used for 2nd and final payments with a non-refundable 5% processing fee.

Registration Instructions: Complete this form and send it along with a check for \$400 (per traveler) made payable to "Escorted Travel". Please also include a copy of the picture page of your Passport. Mail all 3 items to Escorted Travel at the address below.

By completing and signing this form, I (we) agree that neither Jennifer Sands nor Dr. Ronald Cansler, DBA Escorted Travel Concepts, nor anyone acting as agents on their behalf, are responsible or liable for any loss, damage, theft of luggage or personal belongings, personal injury, accidents, illness, or travel delays. I (we) have read and agree to all terms, conditions, and payment schedules as detailed in the brochure. I (we) understand the cancellation policy, and I (we) understand that cancellation penalties can only be refunded by a travel insurance policy.

Signature of Traveler # 1

Date

Signature of Traveler # 2

Date