

# MY TURN IN ISRAEL

The Israel experience for adults and families



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## PARTICIPANT INFORMATION

### PARTICIPANT #1 (primary contact)

First Name\*: \_\_\_\_\_ Last Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Passport #: \_\_\_\_\_ Exp Date: \_\_\_\_\_

Email: \_\_\_\_\_ Tel: \_\_\_\_\_

### PARTICIPANT #2 (if applicable)

First Name\*: \_\_\_\_\_ Last Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Passport #: \_\_\_\_\_ Exp Date: \_\_\_\_\_

Email: \_\_\_\_\_ Tel: \_\_\_\_\_

### PARTICIPANT #3 (if applicable)

First Name\*: \_\_\_\_\_ Last Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Passport #: \_\_\_\_\_ Exp Date: \_\_\_\_\_

### PARTICIPANT #4 (if applicable)

First Name\*: \_\_\_\_\_ Last Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Passport #: \_\_\_\_\_ Exp Date: \_\_\_\_\_

Email: \_\_\_\_\_ Tel: \_\_\_\_\_

**Add more Participant Information pages if necessary**

### MAILING ADDRESS: \_\_\_\_\_

\*Passport number and expiration date are required if selecting local health insurance or the Petra day tour. If passport info is not currently available, it can be submitted at a later date. Please note that according to Israeli law, your passport must be valid for at least six months from date of entry. Please ensure all names are entered as they appear in your passport.

### ROOMING NOTES: \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION

Full Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Tel (Cell): \_\_\_\_\_ Tel (Other): \_\_\_\_\_

### STATEMENT OF RESPONSIBILITY

Except for the willful negligence of its direct employees, Authentic Israel assumes no liability or responsibility for any injuries, inconvenience, illness, theft, property damage, irregularity, or incidental damages occasioned by circumstances beyond the control of the tour operator or by any person or reason whatsoever including but not limited to events such as strikes, revolts, wars, natural disasters, closures of airports and/or hotels, default or omission of any common or private carrier or the default, negligence or omission of and by any third party providing services or facilities to or

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included in this tour or any part thereof. Enrollment in and payment for the tour constitute your acceptance of the program conditions and this Statement of Responsibility. The program conditions become a binding contract when your enrollment and payment are received.

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## PROGRAM SELECTION DETAILS

TRIP DATES: \_\_\_\_\_

### MAIN PROGRAM

Based on Standard hotels: \$1,350/person (double room occupancy) \_\_\_\_\_ People

Based on Deluxe hotels \$1,850/person (double room occupancy) \_\_\_\_\_ People

Single room supplement: \$350 (Standard) / \$650 (Deluxe) \_\_\_\_\_ People

Discounts for children age 13 and under: \$150/child \_\_\_\_\_ People

VIP airport greeting & transfer to Jerusalem hotel: \$150 total (up to five) \_\_\_\_\_ People

### EILAT ADD-ON

Based on Standard hotels: \$450/person (double room occupancy) \_\_\_\_\_ People

Based on Deluxe hotels \$675/person (double room occupancy) \_\_\_\_\_ People

Single room supplement: \$185 (Standard) / \$350 (Deluxe) \_\_\_\_\_ People

Discounts for children age 13 and under: \$50/child \_\_\_\_\_ People

Guided Petra day trip from Eilat: \$160/person (border fees extra ~\$45/p) \_\_\_\_\_ People

### TRAVELER'S HEALTH INSURANCE

\$2.50/day per person (covers all non pre-existing conditions) \_\_\_\_\_ People

**NOTE: Register within six months of trip start date and receive a \$100/person discount**

**Payment & Cancellation Terms.** In order to reserve your place on the program, a \$250/person deposit fee is due with registration. Full payment is due no later than 60 days prior to trip start date. Trip costs are fully refundable up to 120 days prior to program start date. Participants who cancel within 120 days of the program start date will receive a refund, minus the deposit. Participants who cancel within 14 days of the program start date will receive a refund minus a \$500/person cancellation fee. No trip costs are refundable within 48 hours of the program start.

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## PAYMENT INFORMATION

Deposit Due Now: \$ \_\_\_\_\_ Total Amount: \$ \_\_\_\_\_ Payment Type: Visa/MC/Amex: \_\_\_\_\_ Check: \_\_\_\_\_

*Unless noted, credit/debit cards will be charged \$250/person deposit upon receipt and balance due within 90 days of program start.*

Credit Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Billing Address: \_\_\_\_\_

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

GENERAL NOTES: \_\_\_\_\_

