



REGISTRATION FORM

YES - I am interested in joining the journey to The Holy Land!

Led by:

Dates:

Costs for Air & Land + Tax:

\$ _____ Per Person Sharing a **Double Room**

\$ _____ Supplement for a **Single Room**

Deposit of **\$250** per person is due by

Final Payment is due by

** Acceptable methods of payment: check, wire transfer, Credit Card, PayPal, and Cash.*

TRAVELER INFORMATION (as it appears on your passport)

1) LAST NAME: _____ FIRST NAME: _____ MIDDLE NAME: _____

PASSPORT#: _____ DATE OF ISSUE: _____ EXPIRATION: _____

CITIZENSHIP: _____ DATE OF BIRTH: DD _____ MM _____ YYYY _____

TRAVEL INSURANCE: YES _____ NO _____ / MEAL REQUEST: VEGGETARIAN _____ OTHER _____

2) LAST NAME: _____ FIRST NAME: _____ MIDDLE NAME: _____

PASSPORT#: _____ DATE OF ISSUE: _____ EXPIRATION: _____

CITIZENSHIP: _____ DATE OF BIRTH: DD _____ MM _____ YYYY _____

TRAVEL INSURANCE: YES _____ NO _____ / MEAL REQUEST: VEGGETARIAN _____ OTHER _____

MAILING ADDRESS: _____ CITY: _____ STATE: _____ POSTAL CODE: _____

TELEPHONE #: _____ EMAIL: _____

ROOM TYPE (check one): 1 DOUBLE BED _____ / 2 TWIN BEDS _____ / 3 BEDS _____ / SINGLE ROOM _____

SPECIAL REQUEST: _____

Signature: _____ **Date:** _____

1. Please make checks payable to: GOISRAELNA LLC
2. Form & Check should be mailed to: 31 GARWOOD ROAD, FAIR LAWN, NJ 07410
3. Current airport taxes (\$ _____) are included in the cost & subject to change by the airline. The difference will be added to the open balance.
4. Registration cannot be processed without filling out ALL of the above details.

We wish you a wonderful journey!

Toll free: 1-888-478-4691 | 201-336-0409 | Fax: 1-201-475 0298

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