

**RUSSIA 2018**  
**Aug 20-30, 2018**  
 Application Form

I am an AACI Member.    
 YES NO

**PLEASE COMPLETE IN BLOCK CAPITALS WITH YOUR NAME AS IT APPEARS IN YOUR PASSPORT**

|  |                               | PASSENGER 1                                |                                     | PASSENGER 2  |        |
|--|-------------------------------|--|-------------------------------------|--|--------|
| <b>LAST NAME</b>   |                               |  |                                     |  |        |
| <b>FIRST NAME</b>  |                               |  |                                     |  |        |
| <i>Name you're called for nametag?</i>   |                               |  |                                     |  |        |
| <b>Date of Birth</b>   |                               | <i>DD/MM/YYYY</i>                          |                                     | <i>DD/MM/YYYY</i>  |        |
| <b>Passport Country</b>  |                               |  |                                     |  |        |
| <b>Passport #</b>  |                               |  |                                     |  |        |
| <b>Passport Date of Issue</b>  |                               |  |                                     |  |        |
| <b>Passport Date of Expiry</b>   |                               |  |                                     |  |        |
| <b>Email Address</b>   |                               |  |                                     |  |        |
| <b>Mobile #</b>  | <b>Home #</b>                 | <b>Fax #</b>                               | <b>Mobile #</b>                     |  |        |
| <b>Home Address</b>  |                               |  |                                     |  |        |
| <b>Flying with Group</b>   |                               |  |                                     |  |        |
| <b>Kosher Airline Meal</b>   | Special Request               | Vegetarian                                 | <b>Type of Room</b>                 | Double   | Single |
| <b>Dietary Restrictions during trip</b>  |                               |  |                                     |  |        |
| <b>Emergency Contact</b>   |                               |  |                                     |  |        |
| <i>Name</i>  |                               | <i>Phone #</i>                             |                                     | <i>Relationship</i>  |        |
| <b>FORM OF PAYMENT:</b> USD or NIS   |                               |  |                                     |  |        |
| CHECK <input type="checkbox"/>   | CASH <input type="checkbox"/> | CREDIT CARD: VISA <input type="checkbox"/> | MASTERCARD <input type="checkbox"/> | AMEX <input type="checkbox"/>                              |        |
| <b>Credit Card #:</b>  |                               |  |                                     | <b>Security Code –</b><br><i>3 digits on back of card:</i> |        |
| <b>Expiry Date:</b>  |                               |  | <b>ID #:</b>                        |  |        |
| <p><i>PASSPORTS MUST BE VALID UNTIL AT LEAST FEB 2019. YOUR PASSPORT MUST HAVE AT LEAST TWO EMPTY PAGES FOR VISAS. PLEASE SEND A PHOTO COPY OF YOUR PASSPORT WITH APPLICATION FORM</i></p> <p><b>PRICE per person in double: MEMBERS-\$4,250 /NON MEMBERS-\$4,300 SINGLE SUPPLEMENT \$980</b></p> <p><i>FINAL PAYMENT DUE BY June 22nd AND WILL BE CHARGED TO YOUR CREDIT CARD AUTOMATICALLY W/O NOTICE.</i></p> <p><i>Deposit of \$300 due at time of registration.</i></p> <p><i>*Cancellation from time of registration until April 30th 2017: \$150 per person. *Cancellation between May 1st-May31st 2017: \$1200 per person *Cancellation between June 1st-June 21st 2017: 50% *Cancellation from June 22nd to day of departure: 100%</i></p> <p><i>I have read and agree to terms and conditions of tour and understand the organizers reserve the right to cancel, alter or change any aspect of the tour without prior notification to the registrant. I authorize my contact details to be shared with my fellow trip participants and for any photos where I appear to be used for AACI promotional purposes.</i></p> <p><b>Ophir Tours and AACI are not responsible for any damage of loss to personal property during the tour.</b></p> <p><b>SIGNATURE:</b> _____ <b>DATE:</b> _____</p> |                               |  |                                     |  |        |

**I agree to share my contact details with the group: Yes No**

**PLEASE SEND TO:** JERUSALEM: 03-526-9424, [HENRIETTE\\_H@OPHIRTOURS.CO.IL](mailto:HENRIETTE_H@OPHIRTOURS.CO.IL) NETANYA: 03-526-1714 [SHARON\\_BE@OPHIRTOURS.CO.IL](mailto:SHARON_BE@OPHIRTOURS.CO.IL)  
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[www.aacitravel.com](http://www.aacitravel.com)

**PLEASE NOTE: THIS TOUR REQUIRES ABILITY TO WALK DISTANCES & CLIMB STAIRS INDEPENDENTLY**