

AACI's Glatt Kosher European Cruise

Application Form (One form per Cabin)
PLEASE COMPLETE IN BLOCK CAPITALS

I am an AACI Member.
YES NO

PASSENGER 1			
LAST NAME, FIRST NAME as it appears in your passport		<i>Name you're called for nametag?</i>	
Date of Birth	<i>DD/MM/YYYY</i>		
Passport #		Date of Issue	
Country		Date of Expiry	
Email Address			
Mobile #		Home #	Fax #
Home Address			
Dietary Restrictions		CABIN CATEGORY	
Emergency Contact			
<i>Name</i>		<i>Phone #</i>	<i>Relationship</i>

PASSENGER 2			
LAST NAME, FIRST NAME as it appears in your passport.		<i>Name you're called for nametag?</i>	
Date of Birth	<i>DD/MM/YYYY</i>		
Passport #		Date of Issue	
Country		Date of Expiry	
Email Address			
Mobile #		Home #	Fax #
Home Address			
Dietary Restrictions		CABIN CATEGORY	
Emergency Contact			
<i>Name</i>		<i>Phone #</i>	<i>Relationship</i>

Requested Cabin	
Category: _____ Occupancy: _____	
Would you like to Read Torah <input type="radio"/> Lead Tefillah <input type="radio"/> Other <input type="radio"/> Give a lecture/shiur <input type="radio"/> Subject: _____	
Do you have a special request? _____	

PASSPORT REQUIRMENTS: PASSPORTS MUST BE VALID UNTIL AT LEAST November 2018
 YOUR PASSPORT MUST HAVE AT LEAST TWO EMPTY PAGES FOR VISAS
 PLEASE SEND A PHOTO COPY OF YOUR PASSPORT WITH APPLICATION FORM

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.

CANCELATION POLICY:
 FROM REGISTRATION UNTIL 90 DAYS PRIOR TO DEPARTURE – 30%, 90 DAYS TO 50 DAYS PRIOR – 60%, 50 DAYS PRIOR –100%

PAYMENT SCHEDULE:
 UPON REGISTRATION AND NOT AFTER 90 DAYS P– 30% DEPOSIT DUE
 90 DAYS PRIOR TO DEPARTURE – FULL PAYMENT DUE

SIGNATURE: _____ **DATE:** _____

Please send to your Ophir Tours Agent