



Serving the English-Speaking Community in Israel
התאחדות עולי אמריקה וקנדה בישראל ע.ר.



I am an AACI Member. YES NO

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

MOROCCO
OCT 15-27, 2020
Application Form

PLEASE COMPLETE IN BLOCK LETTERS
IN ACCORDANCE WITH THE PASSPORT YOU WILL BE USING TO ENTER THE DESTINATION COUNTRY

	PASSENGER 1	PASSENGER 2
Last Name		
First Name		
Preferred name for name tag		
Date of Birth	DD/MM/YYYY	DD/MM/YYYY
PASSPORTS MUST BE VALID UNTIL AT LEAST MAY 2020. YOUR PASSPORT MUST HAVE AT LEAST FOUR EMPTY PAGES FOR VISAS.		
Passport Number		
Country of Issue		
Date of Issue		
Date of Expiry		
Email Address		
Home Address		
Home # Fax #	Mobile #	Mobile #
Flying with Group: Yes / No	Frequent flyer #	
Airline Meal: Kosher / Vegetarian / Other	Type of Room: Double / Single	
Dietary Restrictions during trip:		
Emergency Contact		
Name		Relationship
Phone #		
FORM OF PAYMENT: CHECK	CASH	VISA
MASTERCARD	AMEX	
PAYMENT IN: USD	NIS	Israeli ID #
Credit Card #:	Expiry Date:	Security Code: 3 digits on back of card
<p>PRICE per person in double: MEMBERS-\$4250 /NON MEMBERS-\$4325 SINGLE SUPPLEMENT \$980 Credit for not taking flight from/to Israel - \$450 per person Deposit of \$700 per person due at time of registration. FINAL PAYMENT DUE BY JULY 25th AND WILL BE CHARGED AUTOMATICALLY W/O NOTICE. *Cancellation from time of registration until July 25th 2020: \$700 per person. *Cancellation between July 26th 2020-August 15th 2020: \$2000 per person *Cancellation between Aug 16th 2020-Sep 9th 2020: 75% *Cancellation from Sep 10th 2020 to day of departure: 100% I have read and agreed 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. Diesenhause BTC and AACI are not responsible for any damage or loss to personal property during the tour.</p>		
✓ SIGNATURE:	DATE:	

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

Please send this form and photocopy of your passport/s to: aacitravel@diesenhaus.co.il or fax 02-625-5329

Phones: Diesenhause - 02-622-0000 / AACI - 02-560-0910

Please note that to complete registration **each participant** is required to sign the following declaration:

- I am capable of walking and climbing stairs independently without aid.
- I understand that the terrain may sometimes be uneven and our itinerary may include long walks.
- I understand that there will be no assistance available nor will there be wheelchairs at airports.
- I understand that I will be responsible for carrying my own luggage, apart from the portorage at the hotels.
- I understand that the Tour Guide reserves the right to deny participation in some of the day's activities if he/she determines that I am physically unable to keep up with the groups pace.

NAME

SIGNATURE

DATE

NAME

SIGNATURE

DATE