

**AACI PESACH VACATION
 APRIL 19-APRIL 27, 2019
 REGISTRATION FORM**

Last Name	
First Name	
TZ / Passport Number	
Passport Country	
Home Phone #	
Cell Phone #	
Email Address	
Emergency Contact (name, phone, relationship)	
Address	

Room	Name	Adults in room	Children (2-12)	Babies (0-2)	Room Category / comments

Dietary restrictions: _____

I have a simcha () or yahrzeit () _____

I would like to give a lecture () or shiur () or other: _____

I would like to lead teffilot () or Torah reading () _____

I would need an additional night on April 18th () and/or on April 27th ()

I request semi-private Seder () / I would like a family table with _____

Other notes: _____

**AACI PESACH VACATION
 APRIL 19-APRIL 27, 2019
 CONFIDENTIAL PAYMENT FORM**

Last name	
First Name	
TZ / Passport Number	

Credit Card number	
Visa, Mastercard, AMEX	
Expiration date	
CVV	

Israeli Shekel () USD () Other ()

Minimum participation required

Deposit Schedule:

Upon Registration – 25%
 By January 15th, 2019 – 50%
 By February 15th, 2019 – 100%

Cancellation:

Until January 15th, 2019 – 25% of the total amount
 Until February 15th, 2019 – 50% of the total amount
 Cancellation after February 15th, 2019– 100% of the total amount

I/We hereby agree to comply with all of the above regarding payment, cancellations, if applicable, roommate stipulations, supplement etc.

SIGNATURE:

DATE:

With any questions please feel free to contact us:

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