



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**

**SOUTH AMERICA**  
**FEB 20 - MAR 18, 2019**  
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 OCT 2019. 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><b>PRICE per person in double: MEMBERS-\$11,850 /NON MEMBERS-\$11,900 SINGLE SUPPLEMENT \$2290</b>  <b>FINAL PAYMENT DUE BY Dec 20<sup>th</sup> 2018 AND WILL BE CHARGED AUTOMATICALLY W/O NOTICE.</b>            Deposit of 20% per person due at time of registration.            *Cancellation from time of registration until Dec 20<sup>th</sup> 2018: 20% per person.            *Cancellation between Dec 20<sup>th</sup> 2018-Jan 5<sup>th</sup> 2019: 50% *Cancellation from Jan 5<sup>th</sup> 2019 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.  <b>Diesenhaut BTC and AACI are not responsible for any damage or loss to personal property during the tour.</b></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](mailto:aacitravel@diesenhaus.co.il) or fax 02-625-5329  
 Phones: Diesenhaut - 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/hikes.
- I understand that we will be reaching heights of approximately 13,000 ft. which may cause shortness of breath. *Please consult with your family doctor, especially if you have a pacemaker.*
- 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 at airports/check-in (not including 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 group's pace.

NAME

SIGNATURE

DATE

NAME

SIGNATURE

DATE