



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**

**ATHENS**  
**MAR 6 - MAR 10, 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
<b>PASSPORTS MUST BE VALID UNTIL AT LEAST OCT 2019. YOUR PASSPORT MUST HAVE AT LEAST FOUR EMPTY PAGES FOR VISAS.</b>		
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 / Twin / 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-€1320 /NON MEMBERS-€1370 SINGLE SUPPLEMENT €275</b>  <b>FINAL PAYMENT DUE BY Jan 6<sup>th</sup> 2019 AND WILL BE CHARGED AUTOMATICALLY WITHOUT NOTICE.</b>            Deposit of €300 per person due at time of registration.            *Cancellation from time of registration until Jan 6<sup>th</sup> 2019: €300 per person.            *Cancellation between Jan 6<sup>th</sup>-Jan 21<sup>st</sup> 2019 - 50% *Cancellation from Jan 21<sup>st</sup> 2019 to day of departure: 100%</p> <p>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> <p>✓ SIGNATURE: _____ DATE: _____</p>		

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.
- 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