



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



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

MALTA
FEB 23 – FEB 27, 2020
Application Form

I am an AACI Member. ☐ YES ☐ NO

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 SEPTEMBER 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 #	Mobile #	Mobile #	
Fax #			
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		Phone #	Relationship
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
PRICE per person in double: MEMBERS €1790 /NON MEMBERS €1865 SINGLE SUPPLEMENT €250 Credit for not taking group flights from/to Tel Aviv €150 per person Deposit of €500 per person due at time of registration FINAL PAYMENT DUE BY OCTOBER 6, 2019 AND WILL BE CHARGED AUTOMATICALLY WITHOUT NOTICE. *Cancellation from time of registration until OCT 6, 2019 – €500 per person *Cancellation between OCT 6-DEC 8, 2019 – 50% *Cancellation from DEC 8, 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. Diesenhauts BTC and AACI are not responsible for any damage or loss to personal property during the tour. ✓ 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: Diesenhauts - 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 portage 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