



AACI's Kosher Greece Cruise

JUN 14-21, 2020
Application Form (One form per Cabin)
PLEASE COMPLETE IN BLOCK CAPITALS

| PASSENGER 1 | ı | | | I am an AACI Member YES NO | | | |
|--|--------------------|---------------|-----------------|-------------------------------|--|--|--|
| I AST NAME F | IRST NAME as it a | nnears in v | vour nassnort | Preferred name for nametag? | | | |
| LAST NAME, FIRST NAME as it appears in your passport Preferred name for nametag? Date of Birth | | | | | | | |
| | DD/I | MM/YYYY | | | | | |
| Passport # | | | Date of Issue | | | | |
| Country | | | Date of Expiry | | | | |
| Email Address | | | | | | | |
| Mobile # | | Home # | | Fax # | | | |
| PASSENGER 2 | 2 | I | | I am an AACI Member YES NO | | | |
| LAST NAME. F | TIRST NAME as it a | ppears in v | vour passport. | Preferred name for nametag? | | | |
| Date of Birth | | ppour o III ; | усы расорога | r reremed name for nametag. | | | |
| 2000 01 211 011 | DD/I | MM/YYYY | | | | | |
| Passport # | | | Date of Issue | | | | |
| Country | | | Date of Expiry | | | | |
| Email Address | | | | | | | |
| Mobile # | | Home # | | Fax # | | | |
| Home Address | | | | | | | |
| Dietary | | | CABIN CATEGORY: | ROOM TYPE: | | | |
| Restrictions | | | | Double / Twin / Single | | | |
| Emergency Co | ontact | | | | | | |
| Name | | | Phone # | Relationship | | | |
| Would you like to Read Torah O Lead Tefillah Other O Give a lecture/shiur O Subject: | | | | | | | |
| PASSPORT REQUIRMENTS: PASSPORTS MUST BE VALID UNTIL AT LEAST JANUARY 2021 | | | | | | | |
| YOUR PASSPORT MUST HAVE AT LEAST TWO EMPTY PAGES FOR VISAS | | | | | | | |
| PLEASE SEND A PHOTO COPY OF YOUR PASSPORT WITH APPLICATION FORM | | | | | | | |
| 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. Diesenhaus | | | | | | | |
| BTC and AACI are not responsible for any damage or loss to personal property during the tour. | | | | | | | |
| SIGNATURE: | | | DATE: | | | | |





Cabin Categories and Prices for AACI members:

| CATEGORY | CABIN TYPE | PER PERSON DBL CABIN | SINGLE |
|----------|--------------------------|-------------------------|--------|
| А | CLASSIC DECK 3 | €1520 | €2300 |
| В | CLASSIC DECK 4 | €1560 | €2360 |
| С | CLASSIC DECK 7 (PARTIAL) | €1600 | €2440 |
| D | CLASSIC DECK 8 | €1620 | €2460 |
| E | CLASSIC DECK 9 | €1620 | €2460 |
| F | DELUXE DECK 3 | €1580 | €2380 |
| G | DELUXE DECK 7 (PARTIAL) | €1680 | €2560 |
| Н | DELUXE DECK 9 (PARTIAL) | €1660 | €2520 |

* ALL CABINS LISTED ARE WITH WINDOWS
*INSIDE CABINS AVAILABLE FOR REDUCED PRICE AND UPON REQUEST
*NON MEMBERS ADD €75

Payment & Cancellation

Deposit of €500 per person due at time of registration.

Balance due by April 1st, 2020

- *Cancellation from time of registration until April 1st 2020: €500 per person.
- *Cancellation between April 2nd 2020-April 30th 2020: 50%

Form of payment: Check / Cash/ Transfer / Credit Card

Payment in: USD / NIS

Israeli ID:

Credit Card #: Expiry Date: CVV:

We urge you to get traveler's insurance which covers trip cancellation for medical reasons. This can be done through us or yourselves.

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 porterage 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

Please send this form and photocopy of your passport/s to: aacitravel@diesenhaus.co.il or fax 02-625-5329 Phones: Diesenhaus - 02-622-0000 / AACI - 02-560-0910

^{*}Cancellation from May 1st 2020 to day of departure: 100%