



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



**PLEASE NOTE:
THIS TOUR REQUIRES
PROOF OF COVID-19
VACCINATION**

ICELAND

August 8-19, 2021

Application Form

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

PLEASE COMPLETE IN BLOCK LETTERS

IN ACCORDANCE WITH THE PASSPORT YOU WILL BE USING TO ENTER THE DESTINATION COUNTRY

	PASSENGER 1	PASSENGER 2
I am an AACI member	Yes / No / Would like to become one	Yes / No / Would like to become one
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 FEB 2022. 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 / Twin / Looking for a roommate: Yes / No
Dietary Restrictions during trip:		
Emergency Contact		
Name	Phone #	Relationship
FORM OF PAYMENT: CREDIT CARD		PAYMENT IN: USD / NIS
Name on the card:	Israeli ID #	
Credit Card #:	Expiry Date:	Security Code: 3 digits on back of card
PRICE per person in double: MEMBERS-\$6975 /NON MEMBERS-\$7075 SINGLE SUPPLEMENT \$1200 FINAL PAYMENT DUE BY JULY 8, 2021 AND WILL BE CHARGED AUTOMATICALLY W/O NOTICE. Deposit of \$2000 per person due at time of registration. *Cancellation fee within 60 days of departure: \$2000 * Cancellation fee within 30 days 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. Diesenhaus 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

Please note that to complete registration **each participant** is required to sign the following declaration:

- I understand that all participants must provide proof of completing the vaccination for Covid-19 or documentation of exempt from the Ministry of Health.
- I understand that negative covid-19 / PCR test in English may be required by the carrier / destination country / Israel according to the ruling on the day in question.
- I understand that travel insurance is obligatory, which must cover trip cancellation due to Covid-19 and copy of policy must be sent prior to boarding the plane.
- 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.
- 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