



AACI EGYPT

May 2– 11, 2023

Application Form

PLEASE COMPLETE IN BLOCK CAPITALS

PASSENGER 1		I am an AACI Member YES NO	
LAST NAME, FIRST NAME <i>as it appears in your passport</i>		Preferred name for nametag?	
Date of Birth	DD/MM/YYYY		
Passport #	Date of Issue		
Country	Date of Expiry		
Email Address			
Mobile #	Home #	Fax #	
PASSENGER 2		I am an AACI Member YES NO	
LAST NAME, FIRST NAME <i>as it appears in your passport.</i>		Preferred name for nametag?	
Date of Birth	DD/MM/YYYY		
Passport #	Date of Issue		
Country	Date of Expiry		
Email Address			
Mobile #	Home #	Fax #	
Home Address			
Dietary Restrictions	ROOM TYPE:	Double / Twin / Single	
Emergency Contact : Name:			
Email	Phone #	Relationship	
I am interested: Read Torah <input type="radio"/> Lead Tefillah <input type="radio"/> Give a lecture/shiur <input type="radio"/> Subject: _____			

PASSPORT REQUIRMENTS: PASSPORTS MUST BE VALID UNTIL AT LEAST NOVEMBER 2023
YOUR PASSPORT MUST HAVE AT LEAST TWO EMPTY PAGES FOR VISAS
PLEASE SEND A PHOTOCOPY OF YOUR PASSPORT WITH APPLICATION FORM
PLEASE SEE THE CANCELLATION POLICY BELOW BEFORE SIGNING

I have read and agreed to the 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. AACI is not responsible for any damage or loss to personal property during the tour.

SIGNATURE:

DATE:

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



Payment & Cancellation Policy

Payment:

50% payment upon registration
Final payment- February 26th

Cancellation:

Until April 4, 2023: 25% of total per person
From April 5-16, 2023: 50% of total per person
From April 17, 2023: 100%

FORM OF PAYMENT: Please state if your card is Israeli or from abroad.		
<input type="checkbox"/> CHECK	<input type="checkbox"/> CASH	<input type="checkbox"/> CREDIT CARD: VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> OTHER <input type="checkbox"/>
Credit Card #:	<input type="text"/>	<input type="text"/>
Expiry Date:	NAME ON CARD:	SECURITY CODE:

Traveler's insurance which covers trip cancellation and COVID is required.

Please note that to complete registration **each participant** is required to read carefully, provide what is needed and sign the following declaration:

AACI IMPORTANT AND OBLIGATORY INSTRUCTIONS PRIOR TO TRAVEL

As of Sept 30, at midnight the only requirement is a Health declaration form: NO PCR's necessary, we recommend bringing copies of your vaccination documentation with you) Health declaration form: will be received on plane. For those traveling independently here is the link for the correct form: <https://www.onda.ma/form.php>

As of Sunday, October 9, 2022, it is no longer required to fill out the Israel Entry form

Passports

Please submit clear copies of all of your passports, Israeli & Foreign ones. Holders of Israeli passports must exit and enter Israel on this passport but can use their foreign on to enter Egypt. Passports must be valid for more than 6 months.

Travel Insurance

Is required, with full Corona coverage. It is required that you take out a comprehensive travel insurance policy that covers you the entire time you are away from home Your policy should cover the following:

- Full trip cancellation and curtailment including flights
- Loss or damage to property and baggage
- Medical costs and personal accident
- Full Corona coverage

Don't forget to pack a copy of your policy, contact phone numbers and instructions on how to claim in the unlikely event that it is necessary.

These requirements are subject to change according to Government directives.



We wish to kindly remind all registrants again that the above requirements are obligatory and the travelers responsibility. AACI will try to assist you but are not responsible for failure to do so which may cause you financial loss and missing the trip.

Please sign below that you have read these instructions and understand the consequences

PLEASE EMAIL FORMS AND PASSPORT COPIES TO INFO@AACI.ORG.IL

NAME

SIGNATURE

DATE

NAME

SIGNATURE

DATE