## aviatours

A DIVISION OF AWIMITMORE

## REGISTRATION FORM PLEASE FILL OUT FORM COMPLETELY AVIA/SHOMRIM ISRAEL MISSION 9-18 SEP 2025

Passenger First Name	_Middle Name
Last Name	
IT IS YOUR RESPONSIBILITY TO WRITE YOUR NAME IN PRINT on the share a high fees to change names and TSA may not allow you to be	the application form EXACTLY as it appears in your passport! Airlines oard your flight if your name on ticket and passport does not match!
Charge high lees to change hames and 134 may not allow you to be	bard your might if your name on ticket and passport does not match:
Male Female	
Address	City
StateZip Code	-
Phone	_ Cell phone
Have you traveled with us before Yes No	_
Email Address	_
Passengers who have not submitted passport information will incu	r a VAT fee upon check in at EACH hotel.
Passport NationalityDate of Birth	
Passport NoIssue Date(Passport must be valid 6 months after your return date)	Expiration Date
•	Talanhana
Emergency Contact Name	releptione
Single room supplement Yes No	
Rooming with	_
(Please print as it appears on passport)	
Special request:Na	
INSURANCE YesNo	
waives preexisting medical conditions. Upon sending dependence more details visit www.a	ut insurance \$350 (nonrefundable) (paying insurance with deposit posit you agree to the terms and conditions as per this brochure. For aviatours.net under travel insurance
PLEASE REFER TO YOUR TOUR BR	OCHURE FOR TERMS AND CONDITIONS OF
	HIS TOUR
I have read the tour brochure and agree with its	
Deposits made without a sign	Signature ed registration form will not be accepted.
PLEASE COMPLETE THIS FORM AND SEND IT WITH	

Questions-info@aviatours.net

PLEASE SEND A COPY OF THE PASSPORT PAGE THAT HAS YOUR NAME ON IT.

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