



**JEWISH HERITAGE TOURS
AHAVATH TORAH INSTITUTE / TOURS DIVISION**

2624 Avenue R, Brooklyn, N.Y. 11229-2502
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 Fax: (718) 382-0648 Email: jewishheritagetours@hotmail.com

Please reserve space(s) for me/us on your upcoming trip to:

Shavuoth Vacation – June 6 to 11, 2008

- [] 3-Star Maremonti Residence: **\$1899** (50 m from hotel)
- [] 4-Star Residence: **\$2199** (across the street from hotel)
- [] **Hotel: \$2399**

Prices are in USD, are pp/do, and include hotel stay, air and hotel transfer, taxes and gratuities. Does not include any tours or airport transfer.

Personal Information

Mr. Mrs. Ms. (circle one) Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Daytime Tel.: (_____) _____ Evening Tel.: (_____) _____

Passport Information

Passport Number(s): _____ Country of Issue: _____

Expiration Date: _____ Date of Birth (mm/dd/yyyy): _____

Trip Options (please check all that apply)

- I wish to share a room with _____
- I am travelling alone, but prefer a roommate. I understand that if one is unavailable, I must pay a supplement.
- I prefer to dine with: _____
- I have these dietary requirements: _____

Please make your checks payable to: *Ahavath Torah Institute*

Travel insurance is strongly recommended.

Credit Card Authorization

Name: (as appears on card) _____

Address: _____

City: _____ State: _____ Zip Code: _____

I, _____, hereby authorize the following charges to **Ahavath Torah Institute**:

Amount in \$ US: _____ Card Kind: VISA MasterCard American Express

Card number: _____ Expiration Date: _____

Signature: _____

Where did you hear about us?

Newspaper _____

Internet _____

Mailing Word of Mouth Other _____

ASSUMED RESPONSIBILITY

I hereby agree to the [Terms and Conditions of Assumed Responsibility](http://www.ahavathtorah.com/tour/2008-Shavuoth-firm.htm#AssumedResponsibility) (available in full on website at <http://www.ahavathtorah.com/tour/2008-Shavuoth-firm.htm#AssumedResponsibility>). If the application is made for, or by a person under 21 years of age, both parents or the applicant's guardian must also sign the application.

Date: _____ Signature of Applicant(s): _____