

BRIT OLOM TOURS

B'nai B'rith Wonders of Israel Mission

October 25 to November 5, 2012

RESERVATION FORM

Name as it appears on your passport

	First Name	Middle Name	Last Name	Passport No.	Expiry Date	Date of Birth
1.						
2.						
3.						
4.						

Mailing Address _____ City _____ State _____ Zip _____

Phone Numbers (include area code) Home _____ Cell _____ Business _____

E-Mail Address(es) _____

Special Requests: Meals, Seats, etc. (not guaranteed) _____

Please indicate departure city or land only: Land Only

Ft. Lauderdale Philadelphia Other Gateway _____

Make checks payable to: Brit Olom Tours

Send check and reservation form to:

Zvi Krugliak, 14421 S. W. 74 St. Miami, FL 33183-2957

For additional information, please call Zvi, 305-403-7548 or 866-935-OLOM (6566)

Enclosed is my/our check (s) for \$250.00 deposit per person X _____ = \$ _____

I have read the brochure and accept all the terms and conditions for the October 25, 2012 Israel Mission.

Signature: _____ Date: _____

Balance may be paid by credit card with a 2.5% surcharge. Circle one: AMEX MasterCard VISA

Card #: _____ Exp. Date: _____ Security Code _____

Name as it appears on card: _____ Signature: _____

I authorize "Diesenhaus Unitours" to charge the above credit card, August 14th, 2012, for the amount of \$ _____ for the transportation, tours and/or related charges for the above named tour.

I was advised to purchase travel, medical and cancellation insurance of my choice at the time of initial deposit.

Signature: _____ Date: _____