BRIT OLOM TOURS, INC.
WONDERS OF ISRAEL DELUXE TOUR
October 14 – 26, 2010
RESERVATION FORM

Name as it appears on your passport*

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

* Passport must be valid for at least 6 months after tour departure date

Mailing Address City State Zip

Phone Numbers (include area code) Home Cell Business Fax

E-Mail Address

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

Please indicate departure city or land only:

[ ] Miami [ ] Newark [ ] Other gateway _____ [ ] Land Only [ ] single room

[ ] 2-night Eilat $700 [ ] Eilat single + $250 [ ] Eilat & Petra (Call for pricing)

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 call (305) 385-3575 or 866-935-6566 toll free

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 14-26, 2010, tour .

Signature: _____ Date: _____

Balance will be paid to Brit Olom Tours by check. It is possible to pay the balance to Amsalem Tours by credit card. Payment to Amsalem Tours requires a 2% processing fee on the land and air.

Please circle one: AMEX MasterCard VISA

Card #: _____ Exp. Date: _____Security Code _____

Name as it appears on card: _____ **Signature**: _____

I authorize "Amsalem Tours & Travel" to charge the above credit card, not earlier than **July 10th , 2010**, for the amount of $ _____ for the transportation, tours and/or related charges for the above named tour. I understand that the amount charged to my credit card account will be reflected on my credit card statement no later than three business days after July 10th**.**

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

Signature:_____ **Date:**_____