

Israel Booking Application

Names of Participants:

1. _____ 2. _____

3. _____ 4. _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Cell: _____

Passport Number: _____

Hotel Accommodations: Single Room _____ Double Room: _____

Special Requests:

Is there any member of your party who has special requirements, such as an infant, special dietary or handicap requests? (Special requests will be provided subject to availability or services required).

Name: _____ Requirement: _____

Name: _____ Requirement: _____

Please enclose a deposit of \$500 per person. Make checks payable to and mail to:

SCCJL
25876 The Old Rd. #325
Santa Clarita, CA 91381
(661) 255-6410 Fax: (661) 288-1421

or include credit card information:

Visa: _____ Mastercard: _____

Name of cardholder: _____

Card Number: _____ Expiration date: _____

Zip: _____ Security Code: _____