

SPAIN/PORTUGAL BOOKING APPLICATION

Name	Passport Number	Spain/Portugal	Barcelona/Girona Extension	Extended Total
		\$3,700	<input type="checkbox"/> \$650	\$
		\$3,700	<input type="checkbox"/> \$650	\$
		\$3,700	<input type="checkbox"/> \$650	\$
		\$3,700	<input type="checkbox"/> \$650	\$
		\$3,700	<input type="checkbox"/> \$650	\$
		\$3,700	<input type="checkbox"/> \$650	\$
			Grand Total	\$

* Prices are based on double occupancy.

Special Requests:

Are there any members of your party who have special requirements, such as an infant, special dietary or handicap requests?
(Special requests will be provided subject to availability or services required):

Credit Card

Card Type (Circle One): Visa / Mastercard / Check

Cardholder Name: _____

Billing Address: _____

Card Number: _____

Billing City/State/Zip: _____

Expiration Date: _____ Security Code: _____

Check

Please enclose a deposit of \$500 per person. Make checks payable to and mail to: Temple Beth Ami
25876 The Old Rd. #325
Santa Clarita, CA 91381
(661) 255-6410 Fax: (661) 460-1911

For questions or more information please call 818-371-0389