

# CONGRESSMAN THOMAS ROONEY FAMILY TOUR DECEMBER 27TH, 2017 – JANUARY 1ST, 2018

| IST PASSENGER – (PLEASE)  | PRINT NAME AS IS APF | PEARS IN YOUR PASSPORT)            |
|---------------------------|----------------------|------------------------------------|
| First:                    | Middle:              | Last:                              |
| Email:                    |                      | Phone: _()                         |
| Passport #:               | Issue Date:          | // Exp. Date://                    |
| Place of Issue:           |                      | No passport (I applied for one): □ |
| Date of Birth://          | Nationality:         | Gender: Male □ Female □            |
| Address:                  |                      | City:                              |
| State:                    | Zip Code:            |                                    |
|                           |                      |                                    |
| 2 <sup>ND</sup> PASSENGER |                      |                                    |
| First:                    | Middle:              | Last:                              |
| Email:                    |                      | Phone: _()                         |
| Passport #:               | Issue Date:          | //                                 |
| Place of Issue:           |                      | No passport (I applied for one): □ |
| Date of Birth://          | Nationality:         | Gender: Male □ Female □            |
| Address:                  |                      | City:                              |
| State:                    | Zip Code:            |                                    |
| 2 0                       |                      |                                    |
| 3 <sup>RD</sup> PASSENGER |                      |                                    |
| First:                    | Middle:              | Last:                              |
| Email:                    | Phone: (             |                                    |
| Passport #:               | Issue Date:          | //                                 |
| Place of Issue:           |                      | No passport (I applied for one): □ |
| Date of Birth://          | Nationality:         | Gender: Male □ Female □            |
| Address:                  |                      | City:                              |
| State:                    | Zip Code:            |                                    |



| ACCOMMODATIONS  |  |  |  |  |
|---|--|--|--|--|
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| Sharing a double room with:   |  |  |  |  |
| Single Room Supplement: Yes □ No □ * single rooms supplement will be applied in case you don't have roommate to share the room) |  |  |  |  |
| Travel Insurance: Yes □ No □  |  |  |  |  |
| Group Travel insurance (\$187 per person for a group Insurance policy for up to \$3000 in coverage)                             |  |  |  |  |
| Or (\$248 per person for a group insurance policy for up to \$4000 in coverage  |  |  |  |  |
| TOUR PRICE (NOT INCLUDING AIRFARE)  |  |  |  |  |
| LAND ONLY PACKAGE All Taxes Included \$2595   |  |  |  |  |
| * Rates are Per Person in Double Occupancy  |  |  |  |  |
| * Rates are Based on a minimum of 25 travelers  |  |  |  |  |
| * Single Room Supplement - \$1010   |  |  |  |  |
| * Child Discount (age 2-18 years) sharing parents room = -\$650   |  |  |  |  |
| PAYMENT DETAILS   |  |  |  |  |
| A \$500 per person tour deposit is due upon registration  |  |  |  |  |
| <ul> <li>Final payment is due no later than <u>Monday</u>, <u>September 4</u>, <u>2017</u></li> </ul>                           |  |  |  |  |
| PAYMENT   |  |  |  |  |
| * For credit card payments please complete the below credit card information:   |  |  |  |  |
| Cardholder Name (AS IT APPEARS ON CREDIT CARD):   |  |  |  |  |
| Credit Card Number:   |  |  |  |  |
| Expiration Date: /  |  |  |  |  |
| CVV: (3 or 4 digits on the back or front of the credit card):   |  |  |  |  |
| evv. (5 or 1 digits on the back of front of the create early).  |  |  |  |  |
| Please note: a 3% handling fee will be applied for payments made by credit cards for <u>final payment only.</u>                 |  |  |  |  |
| BILLING INFORMATION   |  |  |  |  |
| Customer Phone No:() Email Address:   |  |  |  |  |
| Address:  |  |  |  |  |

\_\_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_\_



# **INCLUDED SERVICES:**

5 nights hotel accommodation in dlx hotels as per below

3 nights @ the David Citadel Jerusalem Dec 27-30, 2017

1 night @ The Scots Tiberias Dec 30-31, 2017

1 night @ the Royale Beach Tel Aviv Dec 31-Jan 1, 2018 + late check out at 6 pm

- · Breakfast daily at the hotels
- 6 dinners in restaurants
- Local wine & beer in every dinner
- Meet & assist at the airport
- Porterage at airport and hotels
- 1 group arrival transfers
- 1 group departure transfers
- 4 days touring in an air-conditioned bus with wifi (Dec 28-31)
- 4 evening transfers to restaurants
- 4 days touring with English speaking guide
- Water (2 bottles per person per day)
- Entrance fees on touring days as per itinerary
- Service charge at restaurants

# **NOT INCLUDED:**

- Flights
- Meals and beverages not mention as included
- Expenses of a personal nature
- Tip for the tour guide, bus driver and hotel staff
- Group Travel insurance (\$187 per person for a group Insurance policy for up to \$3000 in coverage)

Or (\$248 per person for a group insurance policy for up to \$4000 in coverage

## Please note:

- Check in at all hotels between 2-3 pm
- Check out of all hotels between 11 am to 12 noon

# CANCELLATION POLICY

Once a deposit or full payment has been made, cancellations will only be accepted in writing. Cancellation will be applied based on the date the written cancellation is received. No refund will be paid for unused services such as: transfers, sightseeing, meals.

Cancellation deadlines:

- o 120 + days prior to departure \$150 per person service fee will apply
- 119 and 90 days prior to departure cancellation fee of \$500 will apply



- o 89 and 60 days prior to departure cancellation fee of \$1000 will apply
- o 59 and 45 days prior to departure cancellation fee of \$1500 will apply
- 44 and 31 days prior to departure cancellation fee of \$2000 will apply
- o 30 days to day of departure or non-show cancellation fee of 100% will apply
- o Once issued tickets are non-refundable non-transferable
- We strongly recommend purchasing travel insurance

## **AIRFARE & TICKETS**

Passengers are responsible to provide accurate passport names for air tickets reservations. America Israel Travel, Inc. will not be held responsible for the denial of services by a carrier due to any name discrepancy. Once issuing tickets are nonrefundable & and not transferable, name changes or any ticket revisions will be subject to air carrier rebooking fee of up to \$400 per ticket. Passengers are responsible to reconfirm their flights 72 hours prior to departure for all flights.

#### LAND ARRANGEMENTS

America Israel Travel, Inc. reserves the right to change the itinerary due to unforeseen circumstances. In all cases, America Israel Travel, Inc. will do its best to maintain the content of the tour. If the tour services as indicated by the itinerary cannot be supplied or there are changes in the itinerary for reasons beyond the control of America Israel Travel, Inc. we will arrange for provision of comparable services. America Israel Travel reserves the right to make changes in the itinerary whenever America Israel Travel deems it necessary to the comfort, convenience and safety of the participant at any time. No refund will be paid for unused services such as: transfers, sightseeing, meals, hotel accommodation, entrance fees, and others that are listed in the tour program.

## **BAGGAGE**

Luggage is the responsibility of the passenger and that of the airlines. For lost luggage claims, the passenger is responsible for notifying the airline directly.

## **PASSPORT & DOCUMENTATION**

Your passport must be valid for at least six months following your entry date to your travel destination. For specific visa requirement, please contact the relevant consulate for update information.

## LIABILITY

America Israel Travel, Inc. is responsible for making all arrangements for tour services offered in the itinerary. The airlines, hotels, land operators and other suppliers providing services are independent contractors and not agents, employees or associates of America Israel Travel Inc. America Israel Travel assumes no responsibility or liability in connection with the service of an aircraft, motor coach, rental contractors, ferries, hotels, bus operators, sight-seeing contractors or other conveyances, which may be used in the performance of its duty to the passengers. America Israel Travel, Inc. is not liable for any act, omission, delay, injury, loss or damage or nonperformance occurring in connection with these tours and suppliers. The participant agrees that America Israel Travel shall not be liable for any changes in flight schedules, delays, weather conditions, damages, losses or expenses occasioned by acts or omissions of any person, including suppliers providing services or for any acts of war.



# CONTACT INFORMATION

**AMERICA ISRAEL TRAVEL** | 5000 N. Parkway, Suite 104, Calabasas, CA 91302 Phone: 818-704-9888 | Fax: 844-473-9182 | Toll-free: 877-248-8687 | www.americaisraeltours.com CST: 20792240-40 | IATAN / ARC: 05-546494

# PASSENGER RESPONSIBILITY

| Sign | nature (s)  | Date:         | /      | 1  |
|------|---|---------------|--------|--|
| and  | agree to each of them.                              |               |        |  |
| und  | erstand each of them. By signing this form I furthe | er state that | I have | e personally read the attached terms and conditions  |
| Pass | senger has read the above terms and conditions ar   | nd agrees to  | o each | of them. Passenger hereby warrants that he/she fully |

My signature indicates that I have read and agreed to the terms & conditions of this tour.