



18th MACCABIAH GAMES
July 9 - 24 ■ JULY 9 -19 ■ JULY 11- 22
MISSION RESERVATION FORM

LIST NAMES AS THEY APPEAR ON YOUR PASSPORT– it is required that your passport be valid for at least 6 months past the date of your return

HAVE YOU OR YOUR FAMILY BEEN ON A PRIOR MACCABI USA MISSION? YES NO IF YES, DATE/DESTINATION:.....

1. PARTICIPANT #1 Check one: Mr. Mrs. Ms. Dr. Rabbi Gender: Male Female Shirt Size (s-xxl).....

First Name:Middle Initial: Last Name: Passport #:

Issue Date: Exp. Date:Place of Issue:Nationality:Date of Birth:Birthplace:

Mailing Address: City: State: Zip:

Home Phone:Business Phone: Fax:

Cell Phone: Email Address:

Participant Status: Masters Athlete Parent Family Friend Spouse OtherSport:

PARTICIPANT #2 Check one: Mr. Mrs. Ms. Dr. Rabbi Gender: Male Female Shirt Size (s-xxl).....

First Name:Middle Initial: Last Name: Passport #:

Issue Date: Exp. Date:Place of Issue:Nationality:Date of Birth:Birthplace:

Participant Status: Masters Athlete Parent Family Friend Spouse OtherSport:

PARTICIPANT #3 Check one: Mr. Mrs. Ms. Dr. Rabbi Gender: Male Female Shirt Size (s-xxl).....

First Name:Middle Initial: Last Name: Passport #:

Issue Date: Exp. Date:Place of Issue:Nationality:Date of Birth:Birthplace:

Participant Status: Masters Athlete Parent Family Friend Spouse OtherSport:

PARTICIPANT #4 Check one: Mr. Mrs. Ms. Dr. Rabbi Gender: Male Female Shirt Size (s-xxl).....

First Name:Middle Initial: Last Name: Passport #:

Issue Date: Exp. Date:Place of Issue:Nationality:Date of Birth:Birthplace:

Participant Status: Masters Athlete Parent Family Friend Spouse OtherSport:

2. PLEASE MARK WHICH PACKAGE YOU ARE INTERESTED IN

- ENTIRE PACKAGE – JULY 9-24 - Citadel/Hilton Dan Panorama/Crowne Plaza
- SHORTER PACKAGE INCLUDING JERUSALEM - JULY 9-19 Citadel/Hilton or Dan Panorama/Crowne Plaza
- TEL AVIV-ONLY PACKAGE JULY 11-22, at the Crowne Plaza

3. FLIGHT INFORMATION

I/We wish to depart with Mission and return with the Mission

I/We wish to depart on (date other than the Mission).....and return on..... Please note: Those participants not departing/returning with the group will need to arrange their own transfers or request a private transfer from us at an additional cost.

I/We wish to travel Business/First Class. Please have a travel agent contact me.

I/We have different travel plans in mind. Please have a travel agent contact me.

I/We will be making our own flight arrangements. Please advise arrival/departure information:

Please note: Those participants not departing/returning with the group will need to arrange their own transfers or request a private transfer from us at an additional cost.

4. SPECIAL REQUESTS – MAY BE REQUESTED BUT NOT GUARANTEED

Dietary Requirements (please specify): Special Seating Request:

Other (please specify): **PLEASE COMPLETE REVERSE SIDE OF THIS APPLICATION** →→→→→

5. TRANSFERS – FOR THOSE NOT ARRIVING/DEPARTING WITH GROUP FLIGHTS (additional costs).

- Please arrange transfer upon my/our arrival.
- Please arrange transfer upon my/our departure.
- I/We have made our own transfer arrangements.

6. ROOMING INFORMATION – PLEASE SPECIFY NUMBER OF ROOMS NEEDED:

Room Type: Double Twin (2 beds) Single Triple Other:

Special Request (may be requested, but is not guaranteed): Non-smoking Adjoining (side by side) Connecting (door in between) Other

Please assign me a roommate (If we are unable to assign roommate, you will be charged additional for single supplement).

I want to room with another participant on the Mission (please specify name):

7. MEDICAL INFORMATION

Participant Name: Health Problem: Medicine:

Participant Name: Health Problem: Medicine:

8. IN CASE OF EMERGENCY

Contact Name: Relationship to Participant(s):

Home Phone: Business Phone: Fax:

Cell Phone: Email Address:

9. PAYMENT INFORMATION - \$1500 deposit per person due with application form. Balance due no later than May 1, 2009

Enclosed please find: Check – Deposit of \$..... (\$1500 per person).
Make checks payable to: Maccabi USA/Sports for Israel. Send check, completed application form and a copy of each participant's passport to: Gil Travel, 1511 Walnut Street, 2nd Floor, Philadelphia, PA 19102. Attn: Susan Blum

Please charge my credit card AMEX VISA MASTERCARD DISCOVER CARD
I authorize GIL TRAVEL to charge above credit card in the amount of \$..... for the transportation 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 within **three days** of authorization.

* Masters Athletes will pay via Maccabi USA invoices.

Card Number: Expiration Date:

Name as it appears on card: Signature of Card Holder:

Billing Address: City: State: Zip:

I have read and accept the terms and conditions stated on the reverse side of the FACT SHEET enclosed.

Signature of person completing application: Date:

******TRAVEL INSURANCE IS STRONGLY RECOMMENDED******

For travel-related information contact Gil Travel:
Susan Blum, Maccabi Desk
215.568.6655 / 800.223.3855 ext. 238
Fax 215.568.0696 • susanblum@giltravel.com
Gil Travel • 1511 Walnut Street, 2nd Fl • Philadelphia • PA 19102

For sport-related information contact Maccabi USA:
Ami Monson, Program Director
215.561.6900 ext. 116
Fax 215.561.5470 • amonson@maccabiusa.com
Maccabi USA • 1926 Arch Street 4R • Philadelphia • PA 19103



**YOU MAY ALSO REGISTER ONLINE AT:
WWW.GILTRAVEL.COM/MACCABI2009**

