

# aviatours

A DIVISION OF **aviatrade**

## REGISTRATION FORM PLEASE FILL OUT FORM COMPLETELY

GROUP LEADER: PROMO ISRAEL - CATHEDRAL OF FAITH DATE: NOV. 24 – DEC. 1, 2026

Passenger First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Last Name \_\_\_\_\_

**IT IS YOUR RESPONSIBILITY TO WRITE YOUR NAME IN PRINT on the application form EXACTLY as it appears in your passport! Airlines charge high fees to change names and TSA may not allow you to board your flight if your name on ticket and passport does not match!**

Male \_\_\_\_\_ Female \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

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

Phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Have you traveled with us before Yes \_\_\_\_\_ No \_\_\_\_\_

Email Address \_\_\_\_\_

**Passengers who have not submitted passport information will incur a VAT fee upon check in at EACH hotel.**

Passport Nationality \_\_\_\_\_ Date of Birth \_\_\_\_\_

Passport No. \_\_\_\_\_ Issue Date \_\_\_\_\_ Expiration Date \_\_\_\_\_

(Passport must be valid 6 months after your return date)

Emergency Contact Name \_\_\_\_\_ Telephone \_\_\_\_\_

Single room supplement Yes \_\_\_\_\_ No \_\_\_\_\_ additional of \$550

Rooming with \_\_\_\_\_

(Please print as it appears on passport)

Special request: \_\_\_\_\_

**Non-refundable deposit (circle):** \$300 without travel insurance or \$484 with travel insurance – The policy includes coverage for emergency medical expenses that may occur during travel. For more information about travel insurance please go to <http://www.aviatours.net/Page/20>. Only for US Residents. Those residing outside the USA including in Puerto Rico, Virgin Islands, Hawaii, Etc) will need to purchase travel insurance on your own.

## PLEASE REFER TO YOUR TOUR BROCHURE FOR TERMS AND CONDITIONS OF THIS TOUR

I have read the tour brochure and agree with its terms and conditions: \_\_\_\_\_

Signature

**Deposits made without a signed registration form will not be accepted.**

PLEASE COMPLETE THIS FORM AND SEND IT WITH YOUR DEPOSIT TO THE ADDRESS BELOW.  
**PLEASE SEND A COPY OF THE PASSPORT PAGE THAT HAS YOUR NAME ON IT.**

**DR. RAUL GARZA TEL: 210-326-2908**

### aviatours

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