

5. TRANSFERS – FOR THOSE NOT ARRIVING/DEPARTING WITH GROUP FLIGHTS (ADDITIONAL COST).

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

Special Request (may be requested, but is not guaranteed): Non-smoking Adjoining Connecting Other:

Please assign me a roommate (If we are unable to assign roommate, you will be charged \$680 additional for single supplement charge).

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

7. IN CASE OF EMERGENCY

Contact Name: Relationship to Participant(s):

Home Phone: Business Phone: Fax:

Cell Phone: Email Address:

8. PAYMENT INFORMATION

PRICES ARE BASED ON MINIMUM OF 15-19 PARTICIPANTS

APPLICATION FORM WITH DEPOSIT DUE Monday, August 1, 2011

Air and Land Package from JFK, New York on EI AL- \$2,600 per person including \$596 tax & fuel surcharge* (*subject to change)

Single Supplement: \$340
 Land Only: \$1,975

Enclosed please find: [] Check – Deposit of \$..... **Deposit of \$300.00 per person due with application due October 24, 2011**

[] Check – Balance due: Thursday, December 8, 2011: \$.....

Make checks payable to: Shekinah. Send check, completed application form and a copy of each participant passport to: 4600 Scio Church Rd, Ann Arbor 48103. Attn: Tarrah Deitrick

[] 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.

Card Number: Expiration Date: Security Code:

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 **TERMS AND CONDITIONS** attached.

Signature of person completing application: Date:

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

For more information contact:
Donna Palmieri
215.568.6655 / 800.223.3855 ext. 260
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Or

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