

Notre Dame Parish Israel Pilgrimage # 12946 July 2 - 11, 2012

Last name _____ First name _____ Date of birth ____ / ____ / ____

Continental OnePass # _____ MM /DD /YEAR

Last name _____ First name _____ Date of birth ____ / ____ / ____

Continental OnePass # _____ MM /DD /YEAR

(Please enter names as shown on passport and provide a copy of your passport prior to final payment.)

Address _____ City _____

State _____ Zip _____ Home Phone _____ Cell Phone _____

Email _____

Room type: Double ____ Single ____ Sharing a room with _____

Seat Request: Window ____ Aisle ____ (seat request cannot be guaranteed)

Do you wish to purchase travel insurance? Yes ____ No ____ If yes, add \$299.00 each to your deposit.

If no: "I understand that I will be fully responsible for any fees or costs associated with the tour due to cancellation/medical necessities/lost baggage/delayed flights, etc."

Signature X _____

I hereby sign and agree to the terms and conditions attached to this form:

Signature X _____

Please sign this form and return it with a check or credit card deposit of \$800.00 (\$1099.00 with insurance) per person, payable to **Long's Travel Service**.

For credit card charge:

Credit card type _____ Name on the card _____

Credit card number _____ Exp _____ Security code _____

Billing address if different from above _____

I hereby authorize **Ya'lla Tours USA** to charge my credit card \$ _____ as a deposit for the **Notre Dame Parish Israel Pilgrimage** group. By signing this form I further state that I have personally read the attached terms and conditions and agree to each of them.

Specifically, I understand that should I cancel my trip for any reason, I will be charged the cancellation fee set out in the "Cancellations & Refunds" section.

Signature for the credit card X _____

Make checks payable and mail to:

