

Tour Registration Form*

*For quick and easy registration, please register online!

Name of Tour:	Date of Departure (mm/	′уууу):	December 2024	
Stateroom Type:				
Occupancy Request: Single Double (two in a room)) Roommate Name:			
PARTICIPANT INFORMATION (MAIN CONTACT)			g separately)	
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First Name:	Middle Name:			
Last Name:	Nickname for Name Badge:			
☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr. ☐ Male ☐ Female				
Mailing Address:			_	
City:	State:		Zip:	
Phone: Home () Work ()	Fax: ()	
Mobile/Cell (USA): ()				
Email:				
Passport Number:	Exp. Date (mm/dd/yyyy):			
Place of Issue:	Citizen of:			
Dietary Restrictions and Allergies (during the tour):				
Special meals requests on flight (if booked by Ayelet; please	specify):			
EMERGENCY CONTACT (EC) INFO				
Emergency Contact (EC) Name:			_	
EC Email:	EC Home Phone: ()			
EC Work Phone: ()	EC Mobile Phone: ()			
MOBILITY				
All participants are physically able to climb stairs both on	and off a bus without assistance:			
Yes No - Please provide details:				
Special Needs:				
You are required to advise us in advance of any special medic assistance, etc.	al needs or physical limitations such	as walking	difficulties, wheelchair	

PRE-TOUR (AND FLIGHT, IF APPLICABLE) REQUESTS		
1-Night Ft. Lauderdale Early Arrival (12/26/24)		
2-night Ft. Lauderdale Pre-Cruise (12/25-27, 2024)		
☐ Please contact me about flights from my departure city of:		
DEPOSIT PAYMENT		
A deposit of \$500 per person is required. Full payment is due Septe	ember 28, 2024.	
Check enclosed (Payable to Ayelet Tours, Ltd.)		
OR		
Charge to my credit card \$		
Card holder's name as it appears on credit card: Card Type: Discover Master Card Visa America		
,,	·	
Card Number: Expire	ation Date (mm/yyyy):	
CID number (3 digit code/4 digits on Am Ex):		
CANCELLATION POLICY: Prior to 8/1/24: \$50 in non-recoverable \$250, plus any applicable airline penalties. 9/21-10/20/24: 25% of 10/21-11/20/24: 50% of total paid, plus any applicable airline penarefundable.	total paid, plus any applicab alties. Cancellations made	ole air ^l ine penalties. on or after 11/21/24: 100% non-
NOTE: Advertised group pricing is based on a minimum number or promotional materials. If fewer participants travel, a small per person	f paying participants unless on group supplement may a	otherwise noted on the ipply.
I hereby authorize Ayelet Tours, Ltd. to charge the credit card procard is necessary in order to reserve airline seats, and hotel accommoditions are considered to the contract of the contr		nat my payment by check or credit
Card Holder's Signature:	Hand-written signatu	re required (not typed name/digital signatur ail, mail or fax back completed form.
Card Billing Address (if different than home address above):		, ,
Street:		
City:	State:	Zip:
Credit Card Payment: Please fax forms to 518-783-6003 Mail original registration form and deposit check to: AYELET TOURS, 19 AVIATION ROAD, ALBANY, NY 12205		
Check Payment: If faxing or emailing form, deposit check must be		
Need further assistance? Contact Ayelet Tours: 800-237-1517 or a		
We recommend that you retain copies of your check, the forms an	nd documents.	

TRAVEL INSURANCE: (MUST CHOOSE ONE AT TIME OF REGISTRATION)

We recommend the purchase of comprehensive travel insurance, including trip cancellation and baggage. Please note many policies require purchase within 15 days to be eligible for certain benefits. Travel insurance is recommended to help protect you and your trip investment against the unexpected.

For your convenience, we offer a travel insurance plan through Travelex Insurance Services. For more information and rates, refer to the 360° Group Choice flyer here: https://secure.ayelet.com/STNAuxAttach/Travelex 360 Group Choice Flyer.pdf. Travel Insurance is offered on behalf of and under the direction of Travelex Insurance Services.

YES - I would like to purchase the offered travel protection plan.

If selected, insurance coverage will be invoiced to cover your full land tour cost, plus up to \$2,000/person towards airfare. Once you have flights in place, please contact ayelet@ayelet.com to adjust your coverage amount based on final flight pricing. I have read and understand the policy, which includes the full coverage term details, including exclusions and limitations, and Travel Protection Plan flyer, which includes important consumer information, plan highlights, and rates. To view/download the policy, visit: https://partner.travelexinsurance.com/policy/?plannumber=GCZ-1023

NO - I wish to decline travel protection at this point in time.

If you do not wish to purchase now, the group plan can be purchased any time prior to final payment. Additional travel Insurance information and rates are available at https://ayelet.com/israel-travel-insurance/

To view state specific fraud warnings, visit: https://www.travelexinsurance.com/company/fraud-warning. Travelex Insurance Services Inc. ("Travelex Insurance") maintains an updated list of alerts and financial defaults on its website available at: https://www.travelexinsurance.com/customer-service/travel-alerts/travel-supplier.

Insurance coverages underwritten by individual member companies of Żurich in North America, including Zurich American Insurance Company (NAIC #16535).

CANCELLATION REQUESTS:

Requests for cancellation must be made in writing. Each tour is priced as a package and no refund or discount will be made for any part of the tour/activity in which you choose not to participate. In addition, no refunds will be made if you leave the trip voluntarily or for cause after the date of departure. Participants may also be subject to any cancellation fees assessed by the purveyors of services including airlines or hotels.

PLEASE FORWARD A COPY OF THE PASSPORT PICTURE PAGE FOR ALL PARTICIPANTS

MUST BE FILLED OUT AT TIME OF REGISTRATION

IMAGE RELEASE: By signing this form, I authorize Ayelet Tours, Ltd. and the tour host organization (if applicable) without limitation to use picture and/or videos of myself and my family taken during our tour in promotional materials, including print, website, social media and video, without consideration of any kind. I hereby release Ayelet Tours and the tour host organization from any claims that may arise in said regard.

To OPT OUT of image release (if you do NOT want your image used), please initial here ______.

Please initial here	
I understand that my reservation will be accepted subject to the above terms and conditions. I have read, un above terms and conditions and understand that this document constitutes an agreement between the unappear.	

Particinant's Signature	Date	

GROUP ROSTER: Should a group roster be made available to participants, I do NOT want my information included.

Disclaimer: Ayelet Tours, Ltd. acts only as an agent for the tour members in making arrangements for hotels, transportation, touring, restaurants or any other services in connection with the itinerary. We will exercise reasonable care in making such arrangements. However, we do not assume nor bear any responsibility or liability whatsoever for any injury, death, damage, loss, accident, delay or irregularity to person and property because of an act, sickness, or circumstance beyond our control or an act of default of any hotel, airline carrier, restaurant, company, or person rendering any of the services included in the tour. The right is reserved to cancel or change itineraries or to substitute comparable service without notice. The right is reserved to decline to accept or retain any tour participants should such person's health or general comportment impede the operation of the tour or detrimentally affect the other tour participants.

