

Friends of the IDF
Maryland Chapter
Mission to Israel
November 4-13, 2010

APPLICATION

1. Today's date: ____ / ____ / ____
2. I would like to reserve ____ space(s) on the FIDF Mission to Israel
3. Names of participants (exactly as they appear on passport):

Participant #1

Check one: Mr. Mrs. Ms.

Name: _____

Passport No: _____ Exp. Date: ____ / ____ / ____

Place of Issue: _____ Date of Issue: ____ / ____ / ____

Date of Birth: ____ / ____ / ____

Participant #2

Check one: Mr. Mrs. Ms.

Name: _____

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Passport No: _____ Exp. Date: ____ / ____ / ____

Place of Issue: _____ Date of Issue: ____ / ____ / ____

Date of Birth: ____ / ____ / ____

4. Mailing Address

5.

Street: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Other Telephone: _____

Fax: _____ Email: _____

5. Room type

Single Double Smoking Non Smoking

I wish to share a room with _____

Please assign me a roommate (if available)

6. Land only:

\$2,695 per person double occupancy



\$1,200 per person single room supplement

7. Contact information in Israel:

(Fill this out if you are planning to visit family or friends during the trip)

Name _____

City/Town Telephone _____

8. Check enclosed (Please make checks payable to Friends of the Israel Defense Forces)

Please charge my credit card

o Visa o MC o Amex

Card No: _____

Exp. Date: _____

Signature: _____

Print Name: _____

Date: _____

Please return with your deposit of \$250 per person as soon as possible. Space is limited!

For additional information contact:

Charlie Levine at 410-486-0004

charlie.levine@israelsoldiers.org

Box 395, Stevenson, MD 21153

The balance is due by October 19, 2010

The prices listed in this application are provided as estimates and might change.

The above prices include all accommodations, meals and tips that are listed in the itinerary.

We will arrange for separate airfare from Baltimore.

Emergency Contact:

Name: _____ Relationship: _____

Cell Phone: _____ E-mail: _____

