

**JEWISH HERITAGE TRIP TO PRAGUE AND BUDAPEST  
MARCH 8 – 14, 2010  
APPLICATION FORM**

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**LIST NAMES AS THEY APPEAR ON YOUR PASSPORT– it is required that your passport be valid for at least 6 months past the date of your return**

**1. PARTICIPANT #1**      Check one:  Mr.    Mrs.    Ms.    Dr.    Rabbi                      Gender:  Male  Female

First Name: ..... Middle Initial: ..... Last Name: ..... Passport #: .....

Mailing Address: ..... City: ..... State: ..... Zip: .....

Issue Date: ..... Exp. Date: ..... Place of Issue: ..... Nationality: ..... Date of Birth: ..... Birthplace: .....

Home Phone: ..... Business Phone: ..... Fax: .....

Cell Phone: ..... Email Address: .....

**PARTICIPANT #2**      Check one:  Mr.    Mrs.    Ms.    Dr.    Rabbi                      Gender:  Male  Female

First Name: ..... Middle Initial: ..... Last Name: ..... Passport #: .....

Mailing Address: ..... City: ..... State: ..... Zip: .....

Issue Date: ..... Exp. Date: ..... Place of Issue: ..... Nationality: ..... Date of Birth: ..... Birthplace: .....

Home Phone: ..... Business Phone: ..... Fax: .....

Cell Phone: ..... Email Address: .....

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**2. FLIGHT INFORMATION**

**DEPARTURE FROM THE UNITED STATES**

I/We wish to depart with group on March 7, 2010 (please contact Gerri Patterson at [gerripatterson@giltravel.com](mailto:gerripatterson@giltravel.com) for round-trip information from Memphis).

I/We wish to make our own reservations and meet the group in Prague on March 8, 2010. I/We assume full responsibility for transfers and all other necessary arrangements prior to meeting with the group and after the land portion of the itinerary is completed.

**RETURN TO UNITED STATES**

I/We wish to return with group on March 15, 2010.

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Economy       Business (additional cost)       First (additional cost)

I/We will be making our own flight arrangements. Please provide details (date, from/to, airline, flight#, departure/arrival time).....

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Please note: Those participants not departing/returning with the group are not entitled to arrival/departure group transfers.

I/We have different travel plans in mind. Please have a travel agent contact me.

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**3. SPECIAL REQUESTS – MAY BE REQUESTED BUT NOT GUARANTEED**

Dietary Requirements (please specify): .....  Special Seating Request: .....

Other (please specify): .....

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**4. FREQUENT FLYER INFORMATION - PLEASE SPECIFY IF YOU ARE MEMBERS OF A FREQUENT FLYER CLUB PLEASE INDICATE ONLY ONE FREQUENT FLYER NUMBER PER PARTICIPANT. The group will be traveling on NWA/KLM and Czech Airlines.**

Participant Name: ..... Airline: ..... Member Number: .....

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**PLEASE COMPLETE REVERSE SIDE OF THIS APPLICATION →→→→→→→→→→**

**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  Other: .....

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 \$648 additional for single supplement charge).

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

**7. MEDICAL INFORMATION**

Participant Name: .....Health Problem: .....Medicine: .....

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**8. IN CASE OF EMERGENCY**

Contact Name: .....Relationship to Participant(s): .....

Home Phone: .....Business Phone: .....Fax: .....

Cell Phone: .....Email Address: .....

**9. PAYMENT INFORMATION**

**LAND PACKAGE:**

Per person based on double occupancy: \$2,175;

Single supplement: \$648 additional

Enclosed please find:  Check – Deposit of \$.500 per person.  
Make checks payable to: Gil Travel. Send check, completed application form and a copy of each participant passport to: 1511 Walnut Street, 2<sup>nd</sup> Floor, Philadelphia, PA 19102. Attn: Gerri Patterson

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: .....

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 reverse side of the FACT SHEET enclosed.

Signature of person completing application: ..... Date: .....

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

**For more information contact:**  
**Gerri Patterson**  
**901-752-1616**  
[gerripatterson@giltravel.com](mailto:gerripatterson@giltravel.com)



**G I L T R A V E L**

*Your Personal Link With The World*

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