



**18th MACCABI GAMES**  
**MISSION RESERVATION FORM**  
 July 9 - 24    July 9 - 19    July 11 - 22

**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**

HAVE YOU OR YOUR FAMILY BEEN ON A PRIOR MACCABI USA MISSION?  YES  NO IF YES, DATE/DESTINATION:.....

**1. PARTICIPANT #1**    **Check one:**  Mr.     Mrs.     Ms.     Dr.     Rabbi    **Gender:**  Male  Female    **Men Shirt Size** (s-xxl)....

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

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

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

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

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

Participant Status:     Masters Athlete     Parent     Family     Friend     Spouse     Other ..... **Sport:** .....

**PARTICIPANT #2**    **Check one:**  Mr.     Mrs.     Ms.     Dr.     Rabbi    **Gender:**  Male  Female    **Men Shirt Size** (s-xxl)....

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

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

Participant Status:     Masters Athlete     Parent     Family     Friend     Spouse     Other ..... **Sport:** .....

**PARTICIPANT #3**    **Check one:**  Mr.     Mrs.     Ms.     Dr.     Rabbi    **Gender:**  Male  Female    **Men Shirt Size** (s-xxl)....

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

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

Participant Status:     Masters Athlete     Parent     Family     Friend     Spouse     Other ..... **Sport:** .....

**PARTICIPANT #4**    **Check one:**  Mr.     Mrs.     Ms.     Dr.     Rabbi    **Gender:**  Male  Female    **Men Shirt Size** (s-xxl)....

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

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

Participant Status:     Masters Athlete     Parent     Family     Friend     Spouse     Other ..... **Sport:** .....

**2. PLEASE MARK WHICH PACKAGE YOU ARE INTERESTED IN**

- ENTIRE PACKAGE – JULY 9-24 -  Citadel/Hilton     Dan Panorama/Crowne Plaza
- SHORTER PACKAGE INCLUDING JERUSALEM - JULY 9-19  Citadel/Hilton or     Dan Panorama/Crowne Plaza
- TEL AVIV ONLY PACKAGE JULY 11-22     Hilton or     Crowne Plaza

**3. FLIGHT INFORMATION**

- I/We wish to depart with Mission
- I/We wish to depart on (date other than the Mission) ..... Please note: Those participants not departing/returning with the group will need to arrange their own transfers or request a private transfer from us at an additional cost.
- I/We wish to travel Business/First Class. Please have a travel agent contact me.
- I/We have different travel plans in mind. Please have a travel agent contact me.
- I/We will be making our own flight arrangements. Please advise arrival/departure information: ..... Please note: Those participants not departing/returning with the group will need to arrange their own transfers or request a private transfer from us at an additional cost.



**YOU MAY ALSO REGISTER ONLINE AT:**  
**WWW.GILTRAVEL.COM/MACCABI2009**



