

ZOLA'S 2012 FALL TOUR • REGISTRATION FORM

(GUARANTEED DEPARTURE TOUR—OVER 100 TRIPS TO ISRAEL)



Online Registration Now Available at www.levitt.com/tours

NAME (as it appears on your passport) _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

HOME PHONE () _____ CELL PHONE () _____ EMAIL _____

PASSPORT # _____ ISSUE DATE ___/___/___ EXPIRATION ___/___/___ BIRTH DATE ___/___/___

COUNTRY OF ISSUE _____ I do not have my passport but have applied for it. () Yes Citizen of _____

SMOKER: () Yes SNORER: () Yes Sex: () M () F Roommate's name (if known) _____

If individuals other than your roommate are traveling with you, please indicate their name(s): _____

I prefer Single Accommodations for an additional cost of:

| | | |
|-----------------------------|---------|--------|
| Deluxe Tour – \$1,099 | () Yes | () No |
| Grand Petra Tour – \$1,699 | () Yes | () No |
| Grand Athens Tour – \$1,799 | () Yes | () No |
| Ultra Grand Tour – \$2,299 | () Yes | () No |

If you are traveling in a group of 10 or more, who is your group leader? _____

Have you been on a Zola Levitt tour previously? () Yes () No When? _____

I would like my name tag to read: _____ My occupation is: _____

I AGREE TO THE TOUR'S TERMS AND CONDITIONS (PLEASE SIGN): _____

MEDICAL HISTORY: Special Conditions: _____
(Please be specific; we may need to be of assistance to you.)

Disabilities: _____

Important medications: _____

PHYSICIAN'S NAME AND PHONE NUMBER _____ () _____

| PLEASE CIRCLE YOUR CHOICE → | Deluxe Oct. 14–24 | Grand Petra Oct. 14–28 | Grand Athens Oct. 9–24 | Ultra Grand Oct. 9–28 |
|---|----------------------|---------------------------|---------------------------|--------------------------|
| Tour Cost | \$3,603 | \$4,729 | \$6,546 | \$7,472 |
| Airport Taxes and Fuel Surcharge | 470 | 470 | 78 | 78 |
| Port Taxes | 0 | 0 | 60 | 60 |
| All-Inclusive Tipping Fund | 215 | 289 | 315 | 389 |
| Total | 4,288 | 5,488 | 6,999 | 7,999 |
| Less Deposit | <u>-200</u> | <u>-400</u> | <u>-400</u> | <u>-400</u> |
| Final balance due 60 days prior to departure | \$4,088 | \$5,088 | \$6,599 | \$7,599 |

Reservations received within 60 days of departure will be taken on a space-available basis, and full payment is due at time of registration.

Make check payable to: Zola Tours • 10300 N. Central Expressway, Suite 170 • Dallas, TX 75231 • 214-696-9760

• Fax: 214-696-5885 For overnight mail, please use our street address above and include our phone number.

In case of emergency please notify: Name _____

Address _____ City _____ State _____ Zip _____

Home Phone () _____ Work Phone () _____

Please charge \$ _____ deposit to: Card # _____ - _____ - _____

Expires ___/___/___ Card ID# required _____

Cardholder's Signature _____

You may charge your deposit on your credit card. However, if you pay in full with your credit card, there will be a 2% additional charge, and you will be required to purchase trip cancellation insurance. By completing this form, I agree that Zola Tours is not responsible or liable for loss, damage, theft of luggage or personal belongings, personal injury, accidents, or illness.