

ZOLA'S 2012 SUMMER 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: Discovery Tour- \$900 () 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 _____ (____)

	Discovery
Tour Cost from JFK New York	\$3,269
Airport Taxes/Fuel Surcharge	472
All-Inclusive Tipping Fund	147
Total	3,888
Less Deposit	-200

Final balance due 60 days prior to departure \$3,688

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 (____) _____ Cell Phone (____) _____

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

Expires ____/____ Card ID# required _____

Cardholder's Signature _____

You may charge your deposit on your credit card. If you pay for your tour by credit card, you will be required to purchase travel 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.

