

FALL 2016 ZOLA TOURS REGISTRATION FORM PLUS TEACHING BY MYLES & KATHARINE WEISS

(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_	ST	TATEZIP	
HOME PHONE ()	CELL PHONE ()	_ EMAIL	
PASSPORT # ISSUE	DATE//	EXPIRATION	// BIRTH D	ATE//
COUNTRY OF ISSUE	I do not have my pas	MO Seport but have applied	ed for it. ()Yes Citiz	zen of
SMOKER: ()Yes SNORER: ()Yes				
Anyone traveling with you other than room	nate, please list:			
I prefer Single Accommodations for an addi				
Deluxe Tour – \$988		Grand Petra Tour -	-\$1,488 () Yes	() No
Grand Athens Tour – \$1,588 (Yes () No	Ultra Grand Tour -	-\$1,988 () 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 previou	usly? () Yes () I	No When? (Season/	Year)	
I would like my NAME TAG to read:		My occu	pation is:	
I AGREE TO THE TOUR'S TERMS AND	CONDITIONS (PLI	EASE SIGN):		
MEDICAL HISTORY: Special Condition Disabilities: Important medications:				
PHYSICIAN'S NAME AND PHONE NU	MBER		()	
DI EACE CIDCLE VOUD CHOICE >	Deluxe	Grand Petra	Grand Athens	Ultra Grand
PLEASE CIRCLE YOUR CHOICE ➤ Tour Cost from JFK New York	Sep. 18–27 \$3,429	Sep. 18–30 \$4,363	Sep. 12–27 \$5,857	Sep. 12–30 \$6,791
Airport Taxes and Fuel Surcharge*	699	699	726	726
Cruise Port Taxes and Fuel Surcharge*	0	0	135	135
All-Inclusive Tipping Fund	<u>160</u>	<u>226</u>	<u>270</u>	<u>336</u>
Tour Total	\$4,288	\$5,288	\$6,988	\$7,988
Less Deposit	<u>-200</u>	<u>-400</u>	<u>-400</u>	<u>-400</u>
Final balance due 60 days prior to departure	\$4,088	\$4,888	\$6,588	\$7,588
*Taxes and fuel surcharges are subject to change and Reservations received within 60 days of departure wil			mant is due at time of rea	istration
Make check payable to: Zola Tours • 10		-		
• Fax: 214-696-5885 For overnight mail, j	please use our stree	t address above and	i include our telepho	ne number.
In case of emergency please notify: Name				
Address			StateZip	
Home Phone ()		Cell Phone ()		
☐ Please charge deposit of \$	to:	Card #	-	
WSA MasterCard DIJC●VE	AMERICAN EXPRESS	Expires/ Card ID# (required)		
You may charge your denosit on your credit card. The final halance for		_	ature	