

Israel Booking Application

Full names of participants, Passport numbers, Country, Expiration:

1. _____
2. _____
3. _____
4. _____
5. _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Special Requests:

Is there any member of your party who has special requirements, such as an infant, special dietary or handicap requests? (Special requests will be provided subject to availability or services required).

Name: _____ Requirement: _____

Name: _____ Requirement: _____

Please enclose a deposit of \$1000 per person. Make checks payable to and mail to:

JLF
25876 The Old Rd. #325
Santa Clarita, CA 91381
(661) 255-6410 Fax: (661) 460-1911
email: markblazer@jltv.tv

or include credit card information (Visa or Mastercard):

Name of cardholder: _____

Card Number: _____ Expiration date: _____

Zip: _____ Security Code: _____