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Ralph and Mindy Seta

MDCI

For More Info: 661-317-0435

P.O. Box 5117

Pahrump, NV 89041

# **ISRAELI OFFICE**

**Yosef Rachamim (Rami) Danieli, Galilee**

**052 - 8460111**

**MDCI Israel Tour – February 6th – 17th, 2023**

**REGISTRATION FORM**

**Name** **(Exactly as appears on your passport)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City \_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_

**Phone Numbers:** Home: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_Work: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_Fax: ( ) \_\_\_\_\_\_\_\_\_\_

**Email Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of birth** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Sex**:** Male Female Smoker: Yes No

**Citizen of:** \_\_\_\_\_\_\_\_\_ **Passport number:** \_\_\_\_\_\_\_\_\_\_\_\_Date of issue: \_\_\_\_/\_\_\_\_/ \_\_\_\_

Country Passport was issued: \_\_\_\_\_\_\_\_\_\_\_\_ Date of expiration:\_\_\_\_/\_\_\_\_/\_\_\_\_\_

**Roommate’s name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Single Hotel Accommodation** **(for an additional total cost of $900):** Yes No

**Special Requests/Needs/Medical Conditions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**In case of Emergency** Please Notify (Mandatory): Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State: \_\_\_ Zip: \_\_\_\_\_\_

Home phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I understand that I am responsible to pay all necessary fees and dues by the appropriate deadlines.**

**I will not hold Tour Your Roots, Yosef Rachamim (Rami) Danieli, staff, representatives, or other agents involved in organizing different aspects of this tour, liable or responsible for, and hereby release them from, any and all deaths, injuries, accidents, illnesses, damage, medical bills, lost or stolen property, any unexpected changes that might occur due to Covid-19 crisis, or any other unexpected fees as they occur at any time during** **Feb. 6-17, 2023. I agree to the tour’s terms and conditions in full and understand that *travel & health insurance policies are a must – especially due to the Covid-19 crisis*!**

**I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ confirm with my signature, that I have read and understand ALL of the foregoing terms and conditions and information regarding Feb. 6-17, 2023, tour (including, but not limited to, the attached forms), and I agree with ALL that I read!**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of custodial parent or legal guardian if under 18:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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