



Temple Beth El Centennial Celebration Israel Tour
October 18 to 26, 2026
Reservation Form

As always, we recommend that all guests consult their own medical advisors and review governmental travel and health sites to make decisions regarding travel and any personal precautions they may wish to take. Travel Insurance is Highly Recommended.

\$5500* per person, double occupancy \$7300* single occupancy. SAVE \$100 per person if deposited by 12/31/25. Check deposit of \$500 per person is required to hold your spot. Deposit is non-refundable.

Travelers' Names _____

This form must be accompanied by a legible copy of your passport picture pages and a check deposit of \$500 per person. If paying deposit by credit card, a \$20 per person fee applies.

You can pay for tour balance by credit card but fees apply.*

Credit Card Type (AX, MC, VI)

card number _____ exp. _____ code _____

Phone number (s) _____ Email address (es) _____

Address _____

Street City State zip code

Medical Requirements (ie. CPAP), Allergies, Special Needs _____

Signature _____ Date _____

I have read and agree to the Beth El Israel Tour Agreement.

Signature _____ Date _____

*credit card fees apply--\$225 per person, double occupancy and \$300 single occupancy

