

Jewish Congregation of New Paltz #16822 May 12 - 26, 2019

Last name _____ First name _____ Nickname _____

Last name _____ First name _____ Nickname _____

(Please provide a copy of your passport prior to final payment.)

Address _____ City _____

State _____ Zip _____ Phone _____ Email _____

Emergency contact name: _____ **Phone:** _____

Room type: DOUBLE SINGLE Sharing a room with _____

Do you wish to purchase travel insurance? Yes _____ No _____

Travel insurance is nonrefundable.

If no, "I understand that I will be fully responsible for any fees or costs associated with the tour due to cancellation/medical necessities/lost baggage/delayed flights, etc."

Signature X _____

I hereby sign and agree to the terms and conditions attached to this form:

Signature X _____

Please sign this form and return it with a check or credit card deposit of \$800 per person.

Make checks payable to **New Paltz Travel Center, Inc.** Send the deposit to:

New Paltz Travel – Attention Colleen Gillette

43 N Chestnut St, New Paltz, NY 12561

Phone: (845) 255-7706 // Email: info@newpaltztravel.com

For credit card charge (VI, MC, DS only):

Credit card type _____ Name on the card _____

Card number _____ Exp _____ Security code _____

Billing address if different from above _____

I hereby authorize Ya'lla Tours USA to charge my credit card \$_____ as a deposit for the **Jewish Congregation of New Paltz**. By signing this form, I further state that I have personally read the attached terms and conditions and agree to each of them.

Specifically, I understand that should I cancel my trip for any reason, I will be charged the cancellation fee set out in the "Cancellations & Refunds" section.

Signature for the credit card _____