



PO Box 5132 N Palm Avenue PMB 101 Fresno, CA. 93704

Phone: 559-288-0330

Email: betshalomfresno@gmail.com

WWW.BETSHALOMFRESNO.ORG

### INTERNATIONAL RESERVATION FORM (Please Print)

Please complete the reservation form and return it with your payment payable to Bet Shalom Messianic Congregation to:  
PO Box 5132 N Palm Avenue PMB 101, Fresno, CA 93704

You may also pay by credit card or bank account transfer on-line through [www.betshalomfresno.org](http://www.betshalomfresno.org)

Your Tour Hosts: Rabbi Amnon & Rebbetzin Lynette Shor

Tour Name: Bet Shalom Messianic Congregation—12 Day Israel Tour	Cost per person: \$5,350.00*	Attn: Amnon Shor
Date of Tour: Oct 29-Nov 9, 2023	# of Persons: <input type="checkbox"/> Departure City: San Francisco	<input type="checkbox"/> No Air (Land package only)
Deposit (per person): \$500.00	X number of travelers = \$	

Total enclosed = \$

Payment Method:  Check  MasterCard  Visa  AmEx

Credit Card # (add an additional 3%, nonrefundable): \_\_\_\_\_ Security Code (3 digits, back of card): \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Name on Credit Card: \_\_\_\_\_ Signature: \_\_\_\_\_

Address on Credit Card if different from below: \_\_\_\_\_

If paying by Credit Card, receipt will show "Bet Shalom Messianic Congregation". If paying by check, please make payable to "Bet Shalom Messianic Congregation".

**Please Print Carefully! Inaccurate information will result in travel delays and /or airline fee charges.**

**FIRST PASSENGER** (Name as it appears on passport)

First / Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Tour Badge Nickname: \_\_\_\_\_

Passport # \*\*: \_\_\_\_\_

Passport Issue Date (M/D/Y): / /

Expiration Date (M/D/Y): / /

Date of Birth (M/D/Y): / /  Male  Female

P.O. Box: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

**SECOND PASSENGER** (Name as it appears on passport)

First / Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Tour Badge Nickname: \_\_\_\_\_

Passport # \*\*: \_\_\_\_\_

Passport Issue Date (M/D/Y): / /

Expiration Date (M/D/Y): / /

Date of Birth (M/D/Y): / /  Male  Female

P.O. Box: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Name of Roommate(s) (if on separate form): \_\_\_\_\_ (Single supplement of \$850.00 will be added to final invoice if no roommate listed)

Room (check one):  Single (1 bed)  Double (1 bed, 2 people)  Twin (2 beds, 2 people)  Triple (3 beds)

Final Documents: will be mailed to the address above and will not require a signature. If you require delivery with a signature, please contact our office.

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Emergency contact not traveling with you

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Emergency contact not traveling with you

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

My signature below verifies that I understand that Inheritance Tours / Bet Shalom Messianic Congregation is not offering travel protection insurance. Sources are listed on the back of this form and I may purchase travel protection insurance from sources listed or from another source. Those traveling from Fresno to SFO will have the option to travel on the group bus. The bus transportation cost will be announced during a tour meeting. My signature below also verifies I understand and agree to Inheritance Tours / Bet Shalom Messianic Congregation's Terms and Conditions as stated on the brochure and reverse side of this reservation form.

All payment receipts are sent by email. Please check box to request hard copies of receipts mailed to address above.

Signature Required (First Passenger)

Signature Required (Second Passenger)

\* Price is based on double occupancy.

\*\* If you are waiting for an updated passport number or waiting for a new passport, please notate on the passport # line and provide the number as soon as you receive it.