



**APPLICATION FOR
L.A. ZIMRIYAH CHORALE TRIP TO ISRAEL**

PLEASE PRINT LEGIBLY AND SIGN WHERE INDICATED

PERSONAL INFORMATION

Participant 1:

Title	Full name <u>exactly</u> as appears on passport (Last, First, Middle)	Name as you'd like it on name tag

Male Female Date of birth MM / DD / YYYY Passport #

Passport expiration date* MM / DD / YYYY Country of issue: Country of citizenship:

SINGER NON-SINGER

*** Note: Passports must be valid for at least six months beyond the return date of the trip.**

Participant 2:

Title	Full name <u>exactly</u> as appears on passport (Last, First, Middle)	Name as you'd like it on name tag

Male Female Date of birth MM / DD / YYYY Passport #

Passport expiration date* MM / DD / YYYY Country of issue: Country of citizenship:

SINGER NON-SINGER

*** Note: Passports must be valid for at least six months beyond the return date of the trip.**

ROOM ASSIGNMENTS

Room Type - Please check applicable boxes:

Double Room Single Room* Triple Room

If you are requesting a double or triple room: spouse/partner/roommate's name:

**Note: When possible we will attempt to find roommates if requested. However if we are unsuccessful, you will be subject to the single supplement charges.*

GROUP FLIGHT - TOURING

I/We will fly on the group flight. I/We will NOT be on the group flight – our flight information is:

_____ Date of arrival – airline / flight # - time Date of departure – airline / flight# - time

I/We will participate in the AIR/TOUR PACKAGE from August 8th – 25th.

I/We will do the following Optional day tours (please circle): **1)** Old City Tour **2)** New City Tour **3)** Dead Sea / Masada

MEDICAL & EMERGENCY INFORMATION

Please print legibly

Participant 1:

Allergies:

Prescriptions:

Medication conditions:

Participant 2:

Allergies:

Prescriptions:

Medication conditions:

Emergency contact:

Participant 1

Name Relationship

Address City State Zip

Home phone () Work () Cell ()

Participant 2 (if different from Participant 1)

Name Relationship

Address City State Zip

Home phone () Work () Cell ()

Signature of person filling out application form Date

Print name

**Please send application and deposit of
\$750 per person
(\$50 per person is non-refundable)
Check to be made out to: LAZC
Mail to:
CK Travel Services
14622 Ventura Blvd. #102-756
Sherman Oaks, CA 91403**