

EXPLORE JEWISH INDIA **REGISTRATION**

TOUR SELECTION: February 2024 November 2024

NAME (as it appears on your passport): _____

ADDRESS: _____

TEL: _____ MOBILE (CELL): _____

EMAIL: _____

BIRTH DATE: _____ PROFESSION: _____

RELIGIOUS OBSERVANCE (Orthodox/Conservative/Reform/Non-observant): _____

PASSPORT

COUNTRY: _____ NUMBER: _____ EXPIRATION DATE: _____

HOTEL

Room preference: Single Double

I will room with: _____

Preference for double rooms: 2 Twin 1 Queen/King

FOOD ALLERGIES OR NECESSARY HEALTH REQUESTS

EMERGENCY CONTACT

NAME: _____

TEL: _____ RELATIONSHIP: _____

ABOUT YOU (OPTIONAL)

Your interests, special talents, hopes for this tour, or anything else you'd like us to know.

Please return this form to: **Rahel@explorejewishindia.com**