EXPLORE JEWISH INDIA REGISTRATION

TOUR SELECTION:	February 2024	November 2024
NAME (as it appears o	on your passport):	
ADDRESS:		
TEL:		MOBILE (CELL):
EMAIL:		
BIRTH DATE:		PROFESSION:
RELIGIOUS OBSERVA	NCE (Orthodox/Conservati	ve/Reform/Non-observant):
PASSPORT COUNTDY:	NI IMPED:	EXPIRATION DATE:
COUNTRY.	NOMBER	EXPIRATION DATE.
HOTEL	_	
Room preference:	Single Doub	ole
I will room with:		
Preference for double	e rooms: 2 Twin	1 Queen/King
FOOD ALLERGIES	OR NECESSARY HEALT	H REQUESTS
EMERGENCY CONT	ГАСТ	
NAME:		
TEL:		RELATIONSHIP:
ABOUT YOU (OPTI	ONAL)	
-	-	r, or anything else you'd like us to know.