

Explore Jewish India: Registration

NAME (as it appears on your passport): _____

ADDRESS: _____

TEL: _____ MOBILE (CELL): _____

EMAIL: _____ FAX: _____

BIRTH DATE: _____

PASSPORT: COUNTRY _____ NUMBER: _____

EXPIRATION DATE: _____

COVID VACCINE REQUIRED (please upload documentation with registration): _____

PROFESSION: _____

TOUR DATES: _____

RELIGIOUS OBSERVANCE: _____

HOTEL: Room preference: Single _____ Double _____

I will room with: _____

Preference for double rooms: 2 Twin _____ 1 Queen/King _____

Do you want a room on a lower floor for Shabbat? _____

FOOD ALLERGIES OR NECESSARY HEALTH REQUESTS _____

EMERGENCY CONTACT:

Name: _____

Relationship: _____ Tel: _____

ABOUT YOU (OPTIONAL): Your interests, special talents, hopes for this tour, or anything else you'd like us to know:
