

**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):** \_\_\_\_\_

**PROFESSION:** \_\_\_\_\_

**TOUR DATES:** \_\_\_\_\_

**HOTEL:** Room preference: Single \_\_\_\_\_ Double \_\_\_\_\_

I will room with: \_\_\_\_\_

Preference for double rooms: 2 Twins \_\_\_\_\_ 1 Queen/King \_\_\_\_\_

Do you want a room on a lower floor for Shabbat? \_\_\_\_\_

**MEALS DURING TOUR:**

Special 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:

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