

## RESERVATION FORM FOR SHAVUOT 2009 – page 1

Please complete in CAPITAL LETTERS all information below, sign at the bottom of both pages and **fax to us at: +972.2.992.9802** or scan and email to us at: [shelley@eddiestravel.com](mailto:shelley@eddiestravel.com)

### DAN CAESAREA RESORT HOTEL

For office use only:  
**Docket ref #**

Person in whose name this booking is being made: \_\_\_\_\_ Contact person/Agent for this booking (if different): \_\_\_\_\_

**NAME:**

**NAME:**

Address: .....

Address: .....

City: ..... Post Code: .....

City: ..... Post Code: .....

Phone:..... Mobile: .....

Phone:..... Mobile: .....

Fax: ..... E-mail: .....

Fax: ..... E-mail: .....

Passport No: ..... Nationality: .....

**We will arrive on:**

**We will depart on:**

- \***Rates** as per Eddie's Travel Rate Sheet & Terms.
- \***Tips** of \$15 per day will be added to price
- \*\***Full payment** is due upon Completion of your reservation

**METHOD OF PAYMENT:**

\***NOTE:** For credit card payments there is an admin fee of: AMEX-4%; Other-2%

**Bank Transfer**

**Check**

**Credit Card**

**Cash**

**For Check and Credit Card Payments:**

I hereby authorize that for this booking you may deposit my check to Eddie's Travel or debit my credit card as per the details provided below

**CREDIT CARD DETAILS:**

\***NOTE:** Regardless of the chosen payment method as listed above, credit card details must be provided as security for payment for this booking. By signing below, authorization is hereby given to debit the credit card provided below for any payment not received by Eddie's Travel for this booking as per Eddie's Travel Rates, booking terms and the cancellation policy listed below.

Visa       Mastercard       American Express      Other:

Card Holder: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Card Number: \_\_\_\_\_

**Cancellation fees (per person):**

46 – 31 days:	60% of total cost
More than 90 days: 50% of deposit	31 – 14 days: 80% of total cost
90 – 46 days: 25% of total cost	Less than 14 days: 100% of total cost

**I hereby agree to the terms set forth in this Reservation Form and confirm that all the information provided herein is true and accurate:**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please note that this form is not valid unless accompanied by the 2<sup>nd</sup> page of the Reservation Form that details number of guests, room occupants & room type.*

## RESERVATION FORM FOR SHAVUOT 2009 – page 2

**GUEST DETAILS AND ROOM TYPE:** Please list the full names of all occupants in each room

Room	NAMES OF OCCUPANTS <small>up to 4 persons in each room (adults or children)</small>	Tourist (T) or Israeli (I)	BIRTH DATE (adults) or AGE (children /infants)	TOTAL NO OF PERSONS IN THE ROOM (incl. infants)	ROOM TYPE <small>Regular Deluxe; or Suite</small>	SPECIAL REQUESTS <small>e.g. connecting, adjacent, view, Balcony, etc.</small>
<b>1</b>	1.			adults _____ children _____ infants _____		
	2.					
	3.					
	4.					
<b>2</b>	1.			adults _____ children _____ infants _____		
	2.					
	3.					
	4.					
<b>3</b>	1.			adults _____ children _____ infants _____		
	2.					
	3.					
	4.					

*\* max no of 4 persons per room*

**\*\*FOR ADDITIONAL ROOMS UNDER THIS BOOKING PLEASE COPY THIS SHEET\*\***

**ADDITIONAL REQUESTS/ SPECIAL REQUIREMENTS:**

**2nd PAGE SIGNATURE INITIALS:** \_\_\_\_\_