

**TRAVEL WITH JACOB
RESERVATION FORM
2010 TOUR PROGRAMS**

Call our Travel Counselor and we'll help you complete this form & make your reservation.
Hours: 9am-530pm (EST) Monday thru Friday 212-879-4588 or 1-800-221-4694 –
Mail complete form to TRAVEL WITH JACOB at 233 Park Avenue S. New York, N.Y. 10003
Reservations with credit card deposits may be faxed to:212-867-6622

NAME OF TOUR _____ **DEPARTURE DATE** _____

Extensions or additions: _____

Do you need assistance with connecting flights from home city to Gateway? _____
Do you wish to book Business Class? _____

KINDLY REGISTER WITH EXACT PASSPORT NAME

Last name/First _____ date of birth _____
Last name/First _____ date of birth _____
Last name/First _____ date of birth _____
Last name/First _____ date of birth _____

Address: _____
City/State/Zip _____

Telephone (day) _____ Night _____
E-mail _____ Fax _____

Payment: Enclosed is my/our check in U.S. dollars for \$ _____

Representing: _____ deposit of \$300.00 per person
_____ optional insurance of \$175.00 per person
_____ full payment for entire party

Make check payable to TRAVEL WITH JACOB

(If credit card deposit, sign the application below)

_____ Charge my payment of \$ _____ to Visa _____ MasterCard _____
Card Number _____ expiration date _____

I/we understand that all prices are based on airfares, land rates & rates of exchange projected on December 1, 2009. I/we further agree to pay all balances by check upon receipt of invoice. I/we have read & agree to the Terms & Conditions set forth on our Website under General Terms & Conditions section and the Responsibility Paragraph.

Signature _____ Date _____