

# PESACH TIME TOURS

## 2012 REGISTRATION FORM

Please print all information clearly. Use 1 reservation form for each family

Name - Last \_\_\_\_\_ First \_\_\_\_\_ Spouse \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone # \_\_\_\_\_ Office \_\_\_\_\_  
 Cell \_\_\_\_\_ E-mail \_\_\_\_\_

Additional children/guests

Name \_\_\_\_\_ Age \_\_\_\_\_ Birthday \_\_\_\_\_  
 Name \_\_\_\_\_ Age \_\_\_\_\_ Birthday \_\_\_\_\_  
 Name \_\_\_\_\_ Age \_\_\_\_\_ Birthday \_\_\_\_\_  
 Name \_\_\_\_\_ Age \_\_\_\_\_ Birthday \_\_\_\_\_

|        | Adults | Children |       |       |       |       |             |
|--------|--------|----------|-------|-------|-------|-------|-------------|
|        | 13-16  | 6-12     | 3-5   | 0-2   | Cot   | Crib  | Fridge \$75 |
| Room 1 | _____  | _____    | _____ | _____ | _____ | _____ | _____       |
| Room 2 | _____  | _____    | _____ | _____ | _____ | _____ | _____       |

### Special Instructions

\_\_\_\_ Day camp needed for \_\_\_\_\_ Children. Ages \_\_\_\_\_  
 \_\_\_\_ Special diet - Sugar free \_\_\_\_\_ Salt free \_\_\_\_\_ Low fat \_\_\_\_\_ Other \_\_\_\_\_  
 \_\_\_\_ Private Seder for \_\_\_\_\_ people (15 person minimum, call for rate)  
 Share table with \_\_\_\_\_ Room near \_\_\_\_\_  
 \_\_\_\_ High chair needed \_\_\_\_\_ Booster seat needed

Additional comments \_\_\_\_\_  
 \_\_\_\_\_

Total Price \$ \_\_\_\_\_

Please send a deposit in the amount of \$1000.00 per room to hold your reservation. The balance will be due no later than March 1, 2012.

Make checks payable to: **Pesach Time Tours**

Send to: 46 Cabinfield Circle  
 Lakewood NJ 08701

**Michael Mandel 732-370-7777**

**FAX: 732-587-6666**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print name \_\_\_\_\_