



The *Women Only* Israel Trip

Benefitting the children of ALYN Hospital

REGISTRATION FORM

Please fill out one form per person

Last Name _____ First Name _____

Street Address _____

City _____ State _____ Zip _____

Email _____ Cell Phone _____

Date of Birth _____

Passport # _____ Issue Date _____ Expiration _____

Name as it appears on passport if different from above:

Last Name _____ First Name _____

Double Room _____ Name of Roommate _____

Single Room Upgrade _____

Food Allergies _____

Special Circumstances _____

Emergency Contact Name _____

Relationship to you _____ Cell Phone _____

Cost of trip pp/double occupancy is \$5500 (including a tax deductible \$500 donation)

Check here for Single Upgrade _____ @ \$970

Deposit is \$500. Payable by check _____ Credit Card # _____

Credit Card Expiration _____ CVC _____

Please make check payable to American Friends of ALYN Hospital and use return envelope or mail to us at

122 E. 42nd St., Suite 1519, NY, NY 10168. Direct questions to Cathy Lanyard at 212-869-8085.