

CLASSROOM ISRAEL
April 23rd– May 5th, 2017
REGISTRATION FORM

Name of participant 1 _____

Address _____

City _____ State/Province _____ Zip _____ Country _____

Phone Number _____ E-mail _____

Passport Number _____ Country _____

Name of participant 2 _____

Address (if different from above) _____

City _____ State/Province _____ Zip _____ Country _____

Phone Number _____ E-mail _____

Passport Number _____ Country _____

Visa / MasterCard / American Express (Please Circle)

Credit card number _____

Exp. date _____ 3 or 4 digit code _____

Name on card _____

Billing address if different from above _____

- I will be booking my own travel arrangements to/from Israel.
 I would like AMHSI to arrange my travel arrangements to/from Israel.

\$500 deposit per person due now (ALL payments less \$200.00 registration fee refundable before February 23, 2017)

Remaining balance needs to be paid before March 23, 2017. Payments are to be made to the Alexander Muss High School in Israel, by check or credit card. (AMHSI, Attn: Hindie Fried, 78 Randall Ave., Rockville Centre, NY 11570. / 212. 472.9300 x185
Please label correspondence: "Classroom Israel Trip, April 2017"

Please fill out email to jbickel@amhsi.org