



KOSHER DESTINATIONS INC.

RESERVATION FORM

Which vacation program would you like to reserve: _____

(Please indicate the name of hotel and program dates)

Name: _____ Spouse: _____

Address: _____

City: _____ State: _____ Zip: _____

Day Phones: _____ Eve. Phone: _____

Cell Phones: _____ Fax: _____ e-mail: _____

ADDITIONAL FAMILY MEMBERS

Please list all names and ages if under 24 years old

Date of Arrival: _____ Date of Departure _____ Room Categories: _____

Number of Rooms: _____ *Cot/Crib: _____ *Booster/High Chair: _____

Dietary Requests: _____

Special Requests: * _____

Work Sheet: _____

Sub Total: \$ _____ **Other Fees:** \$ _____ **Total:** \$ _____

Less Deposit Per Person (incl. children) \$750, Pesach \$1500: \$(_____)

Balance Due 60 Days Prior to Program Arrival & 90 Days Prior to Pesach Arrival: \$ _____

Please Sign **X** _____ *(Signature Required)*

By filling out this form all guests agree to all cancellation penalties and requirements.

Please make checks payable to **KOSHER DESTINATIONS INC.** & mail to:

Smilow Family/Kosher Destinations Inc. | 4221 Wilshire Blvd. Suite 290-9 | Los Angeles, CA 90010

Tel. 305-537-6487 or 323-275-1949 Fax 305-718-0669

Email: smilowvacations@aol.com | website: www.smilowfamily.com