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BRANDBACH HOTEL BLACK FOREST, GERMANY

RESERVATION FORM

DATE: _____

Please enter your names as they appear on your passport in capital letters

Passenger name: _____ Passport Number: _____ Date of Birth: _____

Passenger name: _____ Passport Number: _____ Date of Birth: _____

Address: _____ City: _____ Zip Code: _____

Home Telephone: _____ Mobile Phone: _____

Email: _____

of Guests: Single Couple Triple Quad Couple + 1 child Couple + 2 children

Dates Requested:

Arrival: ____/____/____ Departure: ____/____/____ Total # of Days: _____

METHOD OF PAYMENT

CREDIT CARD: ACCORDING TO THE HIGH TRANSFER & CHECKING EXCHANGE RATE ON DATE OF PAYMENT

Name on Credit Card: _____ I.D. Number: _____

Card Type: VISA ISRACARD/MASTERCARD

CREDIT CARD #: _____ Expiry Date: ____/____/____ 3-Digit CVV: _____

SIGNATURE: _____

CASH/CHECK: ACCORDING TO THE HIGH TRANSFER & CHECKING EXCHANGE RATE ON DATE OF PAYMENT