MACCABI WORLD UNION

תחילת תיק
66

מוזיאון מכבי ע"ש פייר גילדסגיים

PIERRE GILDESGAME MACCABI SPORTS MUSEUM

מכביה ה- 13

אצל ישראל

סימול	2-13-152
שם חטיבה	מכביות
תאריך	1989
מס. מיכל	235

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 1038 / 20645

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F / M)	Food Type * (01 - REGULAR, 02 - VEGETARIAN)
COHEN	RENEE		✓	

Passport No.	Participation At Previous Maccabiot * (01 02 03 04 05 06 07 08 09 10 11 12)	Address (No. - Street - Apt)

Profession / Occupation Referee Hockey **

Hotel Virgeit **

City	State	Zip

Country	Phone No.
HOLLAND	

Arrival _____ (Airline & Flight No.) _____ (Date) _____ (Time of Arrival)

**

Departure _____ (Airline & Flight No.) _____ (Date) _____ (Time of Departure)

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	
		**
		**
		**

To be Completed by Head of Family

ACCOMPANIED BY:

	**
	**
	**
	**
	**

Signature

Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989
Please attach an identity photo to this entry form.

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20693

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F / M)	Food Type *
~~SIMIONESCU~~ SIMONESCU	MARIA		✓	01 - REGULAR 02 - VEGETARIAN

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
	01 02 03 04 05 06 07 08 09 10 11 12	

Profession / Occupation Observer Gymnastic **

**

Hotel Sinaia

**

City	State	Zip

Country	Phone No.
ROMANIA	

Arrival _____ (Airline & Flight No.) _____ (Date) _____ (Time of Arrival)

**

Departure _____ (Airline & Flight No.) _____ (Date) _____ (Time of Departure)

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	
		**
		**
		**

To be Completed by Head of Family

ACCOMPANIED BY:

	**
	**
	**
	**
	**

Signature

Date

* Please Circle The Applicable

** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th maccabiah המכביה
ישראל 3-13.7.89

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name LO

** NOC ** 20584

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F / M)	Food Type *
ANGELES	ARTURO		M	01 - REGULAR 02 - VEGETARIAN

Passport No.	Participation At Previous Maccabiot *
031960725	01 02 03 04 05 06 07 08 09 10 11 12

Address (No. - Street - Apt): 11213 MILOAN ST. ARCADIA

City: ARCADIA | State: CALIFORNIA | Zip: 91006

Country: USA | Phone No.: 8183501857

Profession / Occupation: Football-REFEREE ** 08

** 51

Hotel: Sinai

**

Arrival _____ (Airline & Flight No.) 2/7 (Date) _____ (Time of Arrival)

**

Departure _____ (Airline & Flight No.) 13/7 (Date) _____ (Time of Departure)

To be Completed by Head of Family

ACCOMPANIED BY:

	**
	**
	**
	**
	**

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	
		**
		**
		**

POOR ORIGINAL

Signature

11.6.89
Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989
Please attach an identity photo to this entry form.

13th maccabiah המכביה

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC [ ]

** 20582

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F / M)	Food Type * (01 - REGULAR, 02 - VEGETARIAN)
ASSOLIMAN	HUBERT		M	

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
AX93MEM	01 02 03 04 05 06 07 08 09 10 11 12	UNITASLAAN 93 2100

City	State	Zip
DEURNE		

Country	Phone No.
BELGIUM	32 3 2 16 62

** 08

** 51

Profession / Occupation: Hockey - Referee

Hotel: Sinai

**

Arrival: EL AL 336 — Airline & Flight No. — 30/6 — Date — 17:30 — Time of Arrival

**

Departure: EL AL 337 — Airline & Flight No. — 14/7 — Date — 02:45 — Time of Departure

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
		**
		**

To be Completed by Head of Family

ACCOMPANIED BY:

MRS. [illegible]

** 20583

**

**

**

Signature

Date

* Please Circle The Applicable

** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th maccabiah המכביה
ישראל 3-13.7.89

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20587

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F / M)	Food Type *
BARCOS NADORE	JUAN CARLOS	30 04 48	M: X	(01) - REGULAR / 02 - VEGETARIAN

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
26888	01 02 03 04 05 06 07 08 09 10 (11) (12)	CALLE FUENTE DE HIERRO 2

City	State	Zip
PAMPLONA	NAVARRA	30007

Country	Phone No.
ESPAÑA	172331

Profession / Occupation: Referee ~~PROFESOR~~ JUDO ** 08 J21

Hotel: Sinai ** S1

**

Arrival: Iberia 898 — Airline & Flight No. — 2/7 Date — 16:15 Time of Arrival

**

Departure: _____ Airline & Flight No. — _____ Date — _____ Time of Departure

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
		**
		**

To be Completed by Head of Family

ACCOMPANIED BY:

	**
	**
	**
	**
	**

Signature

Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th maccabiah
המכביה ה-13
ישראל 3-13.7.89

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20245

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F M)	Food Type *
BERMAN	BERNIE			01 - REGULAR 02 - VEGETARIAN

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
	01 02 03 04 05 06 07 08 09 10 11 12	400 HIGH STR. MONROE

City	State	Zip
NEW YORK		10950

Country	Phone No.
USA	914 783 9179

Profession / Occupation Softball REFEREE ** 08 SF

** S1

Hotel Sinai

**

Arrival _____ Airline & Flight No. _____ Date 29.6 Time of Arrival _____

**

Departure _____ Airline & Flight No. _____ Date _____ Time of Departure _____

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
		**
		**

To be Completed by Head of Family

ACCOMPANIED BY:

	**
WIFE	20244
	**
	**
	**
	**

Signature

Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th maccabiah המכביה

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC: FRA

** 20134

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F / M)	Food Type * (01 - REGULAR, 02 - VEGETARIAN)
BOUTROS	JOSEPH		M	

Passport No.	Participation At Previous Maccabiot * (01 02 03 04 05 06 07 08 09 10 11 12)	Address (No. - Street - Apt)
		63 Av. de la Pointe Rouge "Eridan"

City	State	Zip
MARSEILLE		13008

Country	Phone No.
FRANCE	91734827

Profession / Occupation: KARATE-REFEREE ** 08 KA

Hotel: Sinai ** 51

**

Arrival: EL-AL 322 — Airline & Flight No. — 5.7 Date — 00:35 Time of Arrival

**

Departure: EL-AL 321 — Airline & Flight No. — 12.7 Date — 15:00 Time of Departure

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
		**
		**

To be Completed by Head of Family

ACCOMPANIED BY:

	**
	**
	**
	**
	**

Signature

31.5.89
Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th maccabiah
המכביה ה-13
ישראל 3-13.7.89

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20608

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F / M)	Food Type *
CAESENS	JEAN-YVES		V	01 - REGULAR 02 - VEGETARIAN

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
SM 657722	01 02 03 04 05 06 07 08 09 10 11 12	7 AV. Ed MESENS

City	State	Zip
BRUXELLES		1040

Country	Phone No.
BELGIUM	027364833

Profession / Occupation Hockey-Referee ** 08 FH

Hotel Sinai **

Arrival EL-AL 344 — Airline & Flight No. — 2/7 Date — 19:50 Time of Arrival **

Departure EL-AL 331 — Airline & Flight No. — 13/7 Date — 14:45 Time of Departure **

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
		**
		**

To be Completed by Head of Family

ACCOMPANIED BY:

	**
	**
	**
	**
	**

Signature

Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th maccabiah המכביה
ישראל 3-13.7.89

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20585

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F / M)	Food Type * (01 - REGULAR, 02 - VEGETARIAN)
Dabrow	John		/	

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
051562875	01 02 03 04 05 06 07 08 09 10 11 12	75 San Miguel Way

Profession / Occupation Basketball - Referee ** 08 BB

Hotel Sinai ** 51

**

City	State	Zip
Novato	CA	94945

Country	Phone No.
USA	415 898 2167

Arrival _____ Airline & Flight No. **

30/06/89 Date _____ Time of Arrival

Departure _____ Airline & Flight No. **

14/07/89 Date _____ Time of Departure

To be Completed by Head of Family

ACCOMPANIED BY:

Ilana Yaira Dar

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
		**
		**

**
**
**
**

_____ Signature

_____ Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th maccabiah המכביה

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC: FRA ** 20122

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F / M)	Food Type * (01 - REGULAR, 02 - VEGETARIAN)
DELMER	ALAIN		X	

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
	01 02 03 04 05 06 07 08 09 10 11 12	55 RUE DU MOLINEL COUTICHES

City	State	Zip
ORCHIES		59310

Country	Phone No.
FRANCE	20616059

Profession / Occupation: REFEREE (FOOTBALL) ** 08 FR

** 51

Hotel: SINAI

** 0118

Arrival: AIR-FRANCE 1306 — Airline & Flight No. — 1.7 — Date — 18:45 — Time of Arrival

**

Departure: AIR-FRANCE 1307 — Airline & Flight No. — 14.7 — Date — 07:25 — Time of Departure

To be Completed by Head of Family

ACCOMPANIED BY:

WIFE ** 20124

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
		**
		**
		**

	**
	**
	**
	**

Signature

31.5.89
Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th maccabiah
המכביה ה
ישראל 13-בנ.ס.89-יחנה ל'טקס

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC: BEL

** 20126

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F / M)	Food Type *
DENARSIN	ROBERT		M	01 - REGULAR 02 - VEGETARIAN

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
	01 02 03 04 05 06 07 08 09 10 11 12	AVENUE DU KARREVELD 69 BTE 7

** 08 VB

Profession / Occupation: REFEREE VOLLEBALL

** 51

Hotel: Sinai

** 3002

City	State	Zip
BRUSSEL		1080

Country	Phone No.
BELGIUM	3224262655

Arrival: EL-AL 334 (Airline & Flight No.) — 30.6 (Date) — 15:10 (Time of Arrival)

** 1400

Departure: EL-AL 337 (Airline & Flight No.) — 14.7 (Date) — 02:45 (Time of Departure)

To be Completed by Head of Family

ACCOMPANIED BY:

WIFE — ** 2025

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
		**
		**
		**

	**
	**
	**
	**

Signature

31.5.89
Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th maccabiah
המכביה ה-13
israel 13.7.89 ישראל

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20592

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F M)	Food Type *
DUMITRU	VASILE		M	01 - REGULAR 02 - VEGETARIAN

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
	01 02 03 04 05 06 07 08 09 10 11 12	Vasile Conta 16

Profession / Occupation Volleball-Referee ** 08 VB

Hotel Sinai ** 51

City	State	Zip
BUCHAREST		

Country	Phone No.
RUMANIA	

Arrival _____ Airline & Flight No. ** _____ Date 3/7. Time of Arrival _____

Departure _____ Airline & Flight No. ** _____ Date 13/7 Time of Departure _____

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
		**
		**

To be Completed by Head of Family

ACCOMPANIED BY:

	**
	**
	**
	**
	**

Signature

Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th maccabiah המכביה

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20251

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F / M)	Food Type *
ELFENBEIN	MYRA		F	01 - REGULAR 02 - VEGETARIAN

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
012804257	01 02 03 04 05 06 07 08 09 10 11 12	8806 CHURCH FIELD LANE

City	State	Zip
LAUREL	MD	20708

Country	Phone No.
U.S.A.	3017764920

Profession / Occupation GYMNASTIC REFEREE ** 08 GY

**

Hotel ~~Sinai~~

**

Arrival _____ Airline & Flight No. _____ Date 30/6 Time of Arrival _____

**

Departure _____ Airline & Flight No. _____ Date 12/7 Time of Departure _____

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
		**
		**

To be Completed by Head of Family

ACCOMPANIED BY:

	**
[illegible]	**
	**
	**
	**

Signature

Date

* Please Circle The Applicable

** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th maccabiah
המכביה ה13
israel 3-13.7.89 שראל-תשרט"ל-יולי-יתמוז תשמ"ט

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC [ ]

** [2][0][2][3][4]

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F / M)	Food Type *
[redacted] TER METZ	ANTON		M	01 - REGULAR 02 - VEGETARIAN

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
	01 02 03 04 05 06 07 08 09 10 11 12	R.VAN GOENSPLEIN 13

Profession / Occupation: Badminton - OBSERVER ** [0][9] BA

Hotel: [redacted] Sinai ** [S][1]

** [ ]

City	State	Zip
HAARLEM	AM	2024

Country	Phone No.
HOLLAND	31 23 26 28 935

Arrival: _____ Airline & Flight No. ** [ ] — 2/7 Date — _____ Time of Arrival

Departure: _____ Airline & Flight No. ** [ ] — 12/7 Date — _____ Time of Departure

To be Completed by Head of Family

ACCOMPANIED BY:

WIFE ** [2][0][2][3][5]

** [ ]

** [ ]

** [ ]

** [ ]

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	
		** [ ]
		** [ ]
		** [ ]

Signature

Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th maccabiah המכביה
ישראל 3-13.7.89

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20237

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F M)	Food Type *
MT GIBBONS	MICHAEL		M	01 - REGULAR 02 - VEGETARIAN

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
	01 02 03 04 05 06 07 08 09 10 11 12	22 OLD RECTORY GARDENS

City	State	Zip
EDGWARE MIDDLESEX	H	A87LS

Country	Phone No.
ENGLAND	01 952 5529 5

Profession / Occupation REFEREE-SQUASH ** 08 SQ

** 51

Hotel SINAI

**

Arrival _____ Airline & Flight No. 26/6 Date _____ Time of Arrival

**

Departure _____ Airline & Flight No. 14/7 Date _____ Time of Departure

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
		**
		**

To be Completed by Head of Family

ACCOMPANIED BY:

WIFE

**
20236
**
**
**
**

Signature

Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th maccabiah המכביה
ישראל 3-13.7.89

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20388

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F M)	Food Type * (01 - REGULAR, 02 - VEGETARIAN)
GLASS	BERNARD		M	

Passport No.	Participation At Previous Maccabiot * (01 02 03 04 05 06 07 08 09 10 11 12)	Address (No. - Street - Apt)
		17 BEULAH CLOSE EDGWARE

City	State	Zip
MIDDLESEX		HA85P

Country	Phone No.
ENGLAND	01-9587105

** Profession / Occupation CRICKET-REFEREE 08 CR

** Hotel Sinai S1

**

Arrival EL-AL — Airline & Flight No. | [redacted] — Date | [redacted] — Time of Arrival

**

Departure EL-AL 315 — Airline & Flight No. | 14/7 — Date | 15:55 — Time of Departure

To be Completed by Head of Family

ACCOMPANIED BY:

Name	Sport	**
		**
		**

**
**
**
**
**

If Family Members are Athletes or part of a Delegation please give details:

Signature

Date

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

* Please Circle The Applicable

** For Office Use Only

13th maccabiah המכביה

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC: HOL

** 20127

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F / M)	Food Type *
HOBE	JAN		M	01 - REGULAR 02 - VEGETARIAN

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
	01 02 03 04 05 06 07 08 09 10 11 12	JONGE SCHUTSKOOILAAN 2

City	State	Zip
TIEL	SB	4991

Country	Phone No.
HOLLAND	03440136833

Profession / Occupation: Football REFEREE ** 08 FB

Hotel: Sinai ** 51

**

Arrival: EL-AL 338 — 30.6 — 15:50
Airline & Flight No. / Date / Time of Arrival

**

Departure: EL-AL 337 — 14.7 — 02:45
Airline & Flight No. / Date / Time of Departure

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
		**
		**

To be Completed by Head of Family

ACCOMPANIED BY:

	**
	**
	**
	**
	**

Signature

31.5.89
Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th maccabiah המכביה
ישראל 3-13.7.89

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20247

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F / M)	Food Type *
HOUCK	RAYMOND		M	01 - REGULAR 02 - VEGETARIAN

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
	01 02 03 04 05 06 07 08 09 10 11 12	108 PAULINE DRIVE CHITTENANGO

City	State	Zip
NEW YORK		13037

Country	Phone No.
USA	3156879735

Profession / Occupation: Softball REFEREE ** 08 SF

** 51

Hotel: Sinai

**

Arrival: EL-AL (Airline & Flight No.) — 29.6 (Date) — (Time of Arrival)

**

Departure: EL-AL (Airline & Flight No.) — 13.7 (Date) — (Time of Departure)

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
		**
		**

To be Completed by Head of Family

ACCOMPANIED BY:

	**
WIFE	20246
	**
	**
	**
	**

Signature

Date

* Please Circle The Applicable

** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20607

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F / M)	Food Type *
HUTAK	ANTAL		✓	01 - REGULAR 02 - VEGETARIAN

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
ME 355302	01 02 03 04 05 06 07 08 09 10 11 12	~~H-1173~~ SZÜRKEBEGY 11/b

Profession / Occupation Mini Football Referee ** 08 MF

Hotel Sinai **

City	State	Zip
BUDAPEST		H-1173

Country	Phone No.
HUNGARY	00361848228

Arrival _____ Airline & Flight No. ** _____ Date _____ Time of Arrival _____

Departure _____ Airline & Flight No. _____ Date _____ Time of Departure _____

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
		**
		**

To be Completed by Head of Family

ACCOMPANIED BY:

	**
	**
	**
	**
	**

Signature

Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th maccabiah המכביה
ישראל 3-13.7.89

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC ** 20581

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F M)	Food Type * (01 - REGULAR, 02 - VEGETARIAN)
Jaremczuk	Kazimierz		M	

Passport No.	Participation At Previous Maccabiot * (01 02 03 04 05 06 07 08 09 10 11 12)	Address (No. - Street - Apt)
487910		Mr Swierkowa 27 8/30

City	State	Zip
GDANSK		80351

Country	Phone No.
Poland	579657

Profession / Occupation: Judo Referee ** 08 J21

Hotel: SINAI ** 51

**

Arrival: Lot 1455 — Airline & Flight No. — 29/6 — Date — 15:40 — Time of Arrival

**

Departure: lot 456 — Airline & Flight No. — 13/7 — Date — 15:10 — Time of Departure

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
		**
		**

To be Completed by Head of Family

ACCOMPANIED BY:

	**
	**
	**
	**
	**

Signature

Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th maccabiah המכביה

ישראל 3-13.7.89

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20589

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F / M)	Food Type * (01 - REGULAR, 02 - VEGETARIAN)
JAVAID	KHAN		M	

Passport No.	Participation At Previous Maccabiot * (01 02 03 04 05 06 07 08 09 10 11 12)	Address (No. - Street - Apt)
67163765		BRUNNEHAGEN 8

City	State	Zip
GOTHENBURG		41747

Country	Phone No.
SWEDEN	031551013

Profession / Occupation HOKEY-REFEREE ** 08 FH

** 51

Hotel SINAI

**

Arrival SAS 771 — Airline & Flight No. — 3/I Date — 20:50 Time of Arrival

**

Departure SAS 772 — Airline & Flight No. — 14/7 Date — 10:20 Time of Departure

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
		**
		**

To be Completed by Head of Family

ACCOMPANIED BY:

	**
	**
	**
	**
	**

Signature

11.6.89
Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th maccabiah המכביה ה

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC: SWE ** 20132

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F / M)	Food Type * (01 - REGULAR, 02 - VEGETARIAN)
KARLSSON	BO		M	

Passport No.	Participation At Previous Maccabiot * (01 02 03 04 05 06 07 08 09 10 11 12)	Address (No. - Street - Apt)
		MAGNUS CRUSENSTOPLES VAEG 16

** 08 FB

Profession / Occupation REFERE-Football

** 51

Hotel S:Sinai

**

City	State	Zip
JOENKOEPING		55261

Country	Phone No.
SWEDEN	036/16f862

Arrival O.K.O 771 — Airline & Flight No. — 1.7 Date — 20:50 Time of Arrival

**

Departure O.K.O 772 — Airline & Flight No. — 14.7 Date — 10:20 Time of Departure

To be Completed by Head of Family

ACCOMPANIED BY: WIFE ** 20131

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
		**
		**
		**

** ** ** **

Signature

31.5.89
Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th maccabiah
המכביה ה-13
ישראל 3-13.7.89

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC: AUT

** 20133

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F / M)	Food Type *
KUCERA	KURT		M	01 - REGULAR 02 - VEGETARIAN

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
	01 02 03 04 05 06 07 08 09 10 11 12	STOLBERGASSE 31-32/2/14

City	State	Zip
WIEN		A1050

Country	Phone No.
AUSTRIA	0222559465

Profession / Occupation: Judo-OBserVER ** 09 J21

Hotel: DAN ** DC

**

Arrival: AUSTRIA 711 — Airline & Flight No. | 4.7 — Date | 13:30 — Time of Arrival

**

Departure: EL-AL 363 — Airline & Flight No. | 9.7 — Date | 13:30 — Time of Departure

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
		**
		**

To be Completed by Head of Family

ACCOMPANIED BY:

	**
	**
	**
	**
	**

Signature

31.5.89
Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th maccabiah המכביה

ישראל 3-13.7.89

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20248

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F M)	Food Type *
KOWAR	JOHANN		M	01 - REGULAR 02 - VEGETARIAN

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
	01 02 03 04 05 06 07 08 09 10 11 12	SALZSTADELPLATZ 1

City	State	Zip
AMBERG	D	8450

Country	Phone No.
W. GERMANY	09621/157015

Profession / Occupation REFEREE shooting ** 08 SH

Hotel ~~Sinai~~ ~~DAN~~ Sinai ** 22

Arrival EL-AL 358 — Airline & Flight No. — 26/6 Date — 21:00 Time of Arrival — **

Departure EL-AL 353 — Airline & Flight No. — 14/7 Date — 07:10 Time of Departure — **

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
		**
		**

To be Completed by Head of Family

ACCOMPANIED BY:

	**
	**
	**
	**
	**

Signature

Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th maccabiah המכביה

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20259

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F / M)	Food Type * (01 - REGULAR, 02 - VEGETARIAN)
LAMOULIE	MICHEL		M	

Passport No.	Participation At Previous Maccabiot * (01 02 03 04 05 06 07 08 09 10 11 12)	Address (No. - Street - Apt)
		11 RUE ARAMIS

City	State	Zip
MONT dE MARSAN		40000

Country	Phone No.
FRANCE	58450057

** 08 R21

Profession / Occupation Rugby - REFEREE

** S1

Hotel Sinai

**

Arrival Air ~~France~~ #1306 — Airline & Flight No. — 1/7/89 — Date — 18:45 — Time of Arrival

**

Departure Air ~~France~~ #1307 — Airline & Flight No. — 13/7/89 — Date — 07:25 — Time of Departure

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
		**
		**

To be Completed by Head of Family

ACCOMPANIED BY:

	**
	**
	**
	**
	**

Signature

4.6.89
Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20252

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F / M)	Food Type * (01 - REGULAR, 02 - VEGETARIAN)
LARSSON	RUNE		M	

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
DP-199166	01 02 03 04 05 06 07 08 09 10 11 12	SKEBOKVARNSV 320

City	State	Zip
BANDHAGEN	S-	12436

Country	Phone No.
SWEDEN	886569 5

** 08 FB

Profession / Occupation Football-Referee

** 51

Hotel Silai

**

Arrival S.A.S 771 — Airline & Flight No. — 1.7 Date — 20:50 Time of Arrival

**

Departure S.A.S 772 — Airline & Flight No. — 14.7 Date — 10:20 Time of Departure

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
		**
		**

To be Completed by Head of Family

ACCOMPANIED BY:

	**
	**
	**
	**
	**

Signature

11.6.89 Date

* Please Circle The Applicable

** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th maccabiah
המכביה ה-13
ישראל 3-13.7.89

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC 2059

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F / M)	Food Type *
LIGGINS	JANE M.		F	01 - REGULAR 02 - VEGETARIAN

Passport No.	Participation At Previous Maccabiot *
L2103778	01 02 03 04 05 06 07 08 09 10 11 12

Address (No. - Street - Apt): HILLSIDE 9 THE PIPPINS

City: HARTFORD State: CHESHIRE Zip: CW8 4TD

Country: ENGLAND Phone No.:

Profession / Occupation: Hockey Referee ** 08 FH

Hotel: Sinai ** 51

**

Arrival: EL-AL 316 — Airline & Flight No. — 3/7 Date — 23:25 Time of Arrival

**

Departure: EL AL 315 — Airline & Flight No. — 14/7 Date — 15:55 Time of Departure

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
		**
		**

To be Completed by Head of Family

ACCOMPANIED BY:

	**
	**
	**
	**
	**

Signature

Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th maccabiah המכביה
ישראל 3-13.7.89

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20609

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F / M)	Food Type *
LISTKIEWICZ	MICHAL		M ✓	01 - REGULAR 02 - VEGETARIAN

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
PK5189559	01 02 03 04 05 06 07 08 09 10 11 12	ANDRSENA 3 M 3

City	State	Zip
WARSZAWA		

Country	Phone No.
POLAND	359045

Profession / Occupation: Mini Football-Referee ** 08 MF

Hotel: SINAI **

Arrival: Lot 1455 — Airline & Flight No. — 25/6 — Date — 15:40 — Time of Arrival **

Departure: Lot 456 — Airline & Flight No. — 13/7 — Date — 15:10 — Time of Departure **

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
		**
		**

To be Completed by Head of Family

ACCOMPANIED BY:

	**
	**
	**
	**
	**

Signature

Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th maccabiah
המכביה

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20595

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F / M)	Food Type * (01 - REGULAR, 02 - VEGETARIAN)
LOUBE	JACKY		✓	

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
	01 02 03 04 05 06 07 08 09 10 11 12	14 GALESVILLE CT

City	State	Zip
GAITHERSBU	MD.	

Country	Phone No.
USA	3012587339

Profession / Occupation: Basketball Referee ** 08 BB

** 51

Hotel: Sinai

**

Arrival: _____ Airline & Flight No. — 25.6 Date — _____ Time of Arrival

**

Departure: _____ Airline & Flight No. — 14.7 Date — _____ Time of Departure

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
		**
		**

To be Completed by Head of Family

ACCOMPANIED BY:

	**
	**
	**
	**
	**

_____
Signature

_____
Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th maccabiah המכביה

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC [ ] ** [20255]

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F / M)	Food Type * (01 - REGULAR, 02 - VEGETARIAN)
MARTINETTI	RAPHY		M	

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
5603719	01 02 03 04 05 06 07 08 09 10 11 12	RUE DU BOURG 30

City	State	Zip
MARTIGNY		1920

Country	Phone No.
SUISSE	026223062

** Profession / Occupation WRESTLING - REFEREE [08] WR

** Hotel Sinai [S1]

** [ ]

Arrival EL AL #346 — Airline & Flight No. | 2/7/89 — Date | 22:55 — Time of Arrival

** [ ]

Departure EL AL #347 — Airline & Flight No. | 7/7/89 — Date | 06:40 — Time of Departure

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
		[ ]
		[ ]
		[ ]

To be Completed by Head of Family

ACCOMPANIED BY:

	**
	[ ]
	[ ]
	[ ]
	[ ]
	[ ]

Signature

11.6.89
Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th maccabiah המכביה

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20250

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F / M)	Food Type *
MOSONYI	JOSEF		M	01 - REGULAR 02 - VEGETARIAN

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
	01 02 03 04 05 06 07 08 09 10 11 12	RICHARD-STRAUSS W. 4

City	State	Zip
KORNWESTHEIN	(STUTGART)	D7014

Country	Phone No.
W. GERMANY	0049-7154736

** Profession / Occupation VOLLEBALL-REFEREE 08 VB

** 51

Hotel SINAI

**

Arrival L.H. 686 — Airline & Flight No. — 1.7 Date — 15:15 Time of Arrival

**

Departure L.H. 687 — Airline & Flight No. — 14.7 Date — 16:30 Time of Departure

To be Completed by Head of Family

ACCOMPANIED BY:

WIFE

** 20249

**

**

**

**

**

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**

Signature

Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20586

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F / M)	Food Type *
Navarro	Oscar	06 11 31	M: X	01 REGULAR (circled) / 02 - VEGETARIAN

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
027838	01 02 03 04 05 06 07 08 09 10 11 12	Las Condes 8361

Profession / Occupation: Volleyball - Referee ** 08 VB

Hotel: Sinai ** 51

**

City	State	Zip
Santiago		

Country	Phone No.
CHILE	

Arrival: 746 (Airline & Flight No.) 1/7 (Date) 17:00 (Time of Arrival)

**

Departure: _____ (Airline & Flight No.) _____ (Date) _____ (Time of Departure)

**

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
		**
		**

To be Completed by Head of Family

ACCOMPANIED BY:

	**
	**
	**
	**
	**

Signature

Date

* Please Circle The Applicable

** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th maccabiah המכביה

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20254

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F M)	Food Type *
NEYRAT	DANIEL			01 - REGULAR 02 - VEGETARIAN

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
63287936	01 02 03 04 05 06 07 08 09 10 11 12	17 RUE de la RIBAJUE

City	State	Zip
COURNON		63800

Country	Phone No.
FRANCE	73846686

Profession / Occupation: Rugby - REFEREE ** RU 08

Hotel: Sinai ** 51

**

Arrival: EL AL 324 (Airline & Flight No.) — 31/7/89 (Date) — 18:50 (Time of Arrival)

**

Departure: EL AL 323 (Airline & Flight No.) — 13/7/89 (Date) — 08:00 (Time of Departure)

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
		**
		**

To be Completed by Head of Family

ACCOMPANIED BY:

	**
	**
	**
	**
	**

Signature

4.6.89
Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th maccabiah המכביה

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC: FRA

** 20117

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F / M)	Food Type *
ORTEGA	RAPHAEL		M	01 - REGULAR 02 - VEGETARIAN

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
	01 02 03 04 05 06 07 08 09 10 11 12	112 RUE DE LA CRAGUE

City	State	Zip
BISCAROSSE		40600

Country	Phone No.
FRANCE	58781416

** Profession / Occupation: KARATE-REFEREE — ** 08

** Hotel: Sinai — ** S1

**

Arrival EL-AL 322 — 5.7 — 00:35
Airline & Flight No. — Date — Time of Arrival

**

Departure EL-AL 321 — 12.7 — 15:00
Airline & Flight No. — Date — Time of Departure

To be Completed by Head of Family

ACCOMPANIED BY:

	Name	Sport	**
**			**
**			**
**			**
**			**

Signature

31.5.89
Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th maccabiah המכביה

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC: FRA ** 20120

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F / M)	Food Type * (01 - REGULAR, 02 - VEGETARIAN)
PASCAL	DANIEL		M	

Passport No.	Participation At Previous Maccabiot * (01 02 03 04 05 06 07 08 09 10 11 12)	Address (No. - Street - Apt)
		5 RUE ANTOINE DE JUSSIEU

City	State	Zip
BRIVE		19100

Country	Phone No.
FRANCE	55243356

Profession / Occupation: REFEREE Rugby ** 08 R21

** S1

Hotel: Sinai [redacted]

**

Arrival: EL-AL 324 — 30.6 — 16:50
Airline & Flight No. / Date / Time of Arrival

**

Departure: EL-AL 323 — 14.7 — 06:00
Airline & Flight No. / Date / Time of Departure

To be Completed by Head of Family

ACCOMPANIED BY:

Name	Sport	**
		**
		**
		**
		**
		**

If Family Members are Athletes or part of a Delegation please give details:

Signature

31.5.89
Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989
Please attach an identity photo to this entry form.

13th maccabiah המכביה
ישראל 3-13.7.89

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20231

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F M)	Food Type *
PIKEN	MIKE		M	01 - REGULAR 02 - VEGETARIAN

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
	01 02 03 04 05 06 07 08 09 10 11 12	4 BARBER STR

City	State	Zip
BROSELEY	SHROPSHIRE	

Country	Phone No.
ENGLAND	88105

Profession / Occupation SQUASH REFEREE ** 08 SQ

Hotel Sinai ** 51

**

Arrival EL-AL 316 — Airline & Flight No. — 29/6 Date — Time of Arrival — EBR

**

Departure EL-AL 315 — Airline & Flight No. — 14/7 Date — Time of Departure

To be Completed by Head of Family

ACCOMPANIED BY: WIFE ** 20232

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
		**
		**
		**

**
**
**
**

Signature

Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th maccabiah המכביה
ישראל 3-13.7.89

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20258

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F M)	Food Type * (01 - REGULAR, 02 - VEGETARIAN)
PLASTERIE	SERGE		M	

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
	01 02 03 04 05 06 07 08 09 10 11 12	34 RUE DE la ROCHE POUCAULT

City	State	Zip
Boulogne Billancourt		92100

Country	Phone No.
FRANCE	46042245

Profession / Occupation FENCING - REFEREE ** 08 FL

** 51

Hotel Sinai

**

Arrival Air France #1306 — Airline & Flight No. — 1/7/89 — Date — 18:45 — Time of Arrival

**

Departure Air France #1307 ~~#227~~ — Airline & Flight No. — 13/7/89 — Date — 07:45 ~~13:00~~ — Time of Departure

To be Completed by Head of Family

ACCOMPANIED BY:

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
		**
		**

	**
	**
	**
	**
	**

Signature

4.6.89
Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th maccabiah המכביה
ישראל 3-13.7.89

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC: HUN

** 20121

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F / M)	Food Type *
POPPER	GYORGY		M	01 - REGULAR 02 - VEGETARIAN

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
SZ 046377	01 02 03 04 05 06 07 08 09 10 11 12	SZT. ISTVAN KRT. 7 IV/30

City	State	Zip
BUDAPEST		1055

Country	Phone No.
HUNGARY	36 1 324 322

Profession / Occupation: KARATE REFEREE ** 08 KA

** 51

Hotel: Sinai

** 2912

Arrival: EL-AL 368 — Airline & Flight No. — 29.6 — Date — 12:00 — Time of Arrival

**

Departure: EL-AL 367 — Airline & Flight No. — 13.7 — Date — 09:15 (~~6:25~~) — Time of Departure

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
		**
		**

To be Completed by Head of Family

ACCOMPANIED BY:

	**
WIFE	20123
	**
	**
	**
	**

Signature

31.5.89
Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th maccabiah
המכביה ה13
israel 3-13.7.89 ישראל חשדט"ו בתמוז - יח"ב בתמוז

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC 20606

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F / M)	Food Type *
PUHL	SANDOR		M	01 - REGULAR / 02 - VEGETARIAN

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
MA2549857	01 02 03 04 05 06 07 08 09 10 11 12	3300 EGER FELSZABADULAS ter. 4

Profession / Occupation: Football-Referee ** OB FB

Hotel: Sinai

**

City	State	Zip
BUDAPEST		

Country	Phone No.
HUNGARY	003612550

Arrival _____ Airline & Flight No. _____ Date _____ Time of Arrival _____

**

Departure _____ Airline & Flight No. _____ Date _____ Time of Departure _____

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
		**
		**

To be Completed by Head of Family

ACCOMPANIED BY:

	**
	**
	**
	**
	**

Signature

26.6.89
Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th maccabiah
המכביה ה-13
ישראל 3-13.7.89

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20233

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F / M)	Food Type * (01 - REGULAR, 02 - VEGETARIAN)
RICHARDSON	ALAN		X	

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
L5467746C	01 02 03 04 05 06 07 08 09 10 11 12	WINTRICK FARM COT, EAST THRISTON

Profession / Occupation: REFERE - Basketball ** 08 BB

Hotel: Sinai ** 51

City	State	~~Zip~~
MORPETH	NORTHUMBERLAND	

Country	zip	Phone No.
ENGLAND	NE65 9QN	06708 7783

Arrival: EL-AL 318 — 1/7 (Airline & Flight No. / Date / Time of Arrival)

Departure: EL-AL 315 — 14/7 (Airline & Flight No. / Date / Time of Departure)

To be Completed by Head of Family

ACCOMPANIED BY:

If Family Members are Athletes or part of a Delegation please give details: Name	Sport	**
		**
		**

**
**
**
**
**

Signature

Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th maccabiah המכביה
ישראל 3-13.7.89

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20253

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F / M)	Food Type * (01 - REGULAR, 02 - VEGETARIAN)
RIGAS	KONSTANTINOS		M	

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
E 361318	01 02 03 04 05 06 07 08 09 10 11 12	13 MIRONOS STR.

City	State	Zip
ATHENS		17343

Country	Phone No.
GREECE	(01) 9705857

** Profession / Occupation BASKETBALL-REFEREE 08 BB

** 51

Hotel SINAI

**

Arrival EL AL 542 — Airline & Flight No. — 3/7/89 — Date — 11.15 — Time of Arrival

**

Departure EL AL 541 — Airline & Flight No. — 13/7/89 — Date — 07:30 — Time of Departure

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
		**
		**

To be Completed by Head of Family

ACCOMPANIED BY:

	**
	**
	**
	**
	**

Signature

Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th maccabiah המכביה
israel 3-13.7.89 שראל חשגרט ל"סין - יולי 89

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC GBR ** 20137

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F / M)	Food Type *
SARSFIELD	NORMAN W.		M	01 - REGULAR 02 - VEGETARIAN

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
	01 02 03 04 05 06 07 08 09 10 11 12	53 OUTWOODS RD.

City	State	Zip
LOUGHBOROUGH	LE11	3LX

Country	Phone No.
ENGLAND	05092154 08

Profession / Occupation Swimming [redacted]ER ** DC

Hotel [redacted] DAN **

Arrival EL-AL 316 — Airline & Flight No. — 4.7 — Date — 23:25 — Time of Arrival **

Departure EL-AL 315 — Airline & Flight No. — 11.7 — Date — 12:00 — Time of Departure **

To be Completed by Head of Family

ACCOMPANIED BY:

	**
WIFE	20136
	**
	**
	**
	**

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
		**
		**

Signature

31.5.89
Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989
Please attach an identity photo to this entry form.

13th maccabiah המכביה
ישראל 3-13.7.89

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC: FRG ** 20128

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F / M)	Food Type * (01 - REGULAR, 02 - VEGETARIAN)
SCHMIDT	DIETER		M	

Passport No.	Participation At Previous Maccabiot * (01 02 03 04 05 06 07 08 09 10 11 12)	Address (No. - Street - Apt)
		AM SUDPARK 5B

City	State	Zip
NEUSS 1	D	4040

Country	Phone No.
W. GERMANY	02101465610

Profession / Occupation: Volleyball REFEREE ** 08 VB

** 51

Hotel: Sinai

**

Arrival: LUFTHANZA ~~###~~ 686 — Airline & Flight No. — 1.7 Date — 15:15 Time of Arrival

**

Departure: EL-AL 686 ~~553~~ — Airline & Flight No. — 14.7 Date — 16:30 ~~07:10~~ Time of Departure

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
		**
		**

To be Completed by Head of Family

ACCOMPANIED BY:

	**
	**
	**
	**
	**

Signature

31.5.89
Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th maccabiah המכביה ה

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20593

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F M)	Food Type * (01 - REGULAR, 02 - VEGETARIAN)
SIMIONESCU	MARIA		F	

Passport No.	Participation At Previous Maccabiot * (01 02 03 04 05 06 07 08 09 10 11 12)	Address (No. - Street - Apt)
		BLD. RIMNICU SARAT 29

City	State	Zip
BUCURESTI		74374

Country	Phone No.
ROMANIA	400/20664 5

** 09 GY

Profession / Occupation OBSERVER-GYMNASTIK

** S1

Hotel Sinai

**

Arrival EL-AL 444 — 25/6 — 23:50
Airline & Flight No. — Date — Time of Arrival

**

Departure TAROM 246 — 7/7 — 06:30
Airline & Flight No. — Date — Time of Departure

To be Completed by Head of Family

ACCOMPANIED BY:

Name	Sport	**
		**
		**
		**
		**

Signature

Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC: HOL

** 26129

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F / M)	Food Type *
SNIJDERS	JAN		M	01 - REGULAR 02 - VEGETARIAN

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
	01 02 03 04 05 06 07 08 09 10 11 12	TWEEVOREN 90

City	State	Zip
NUENEN		5672 59

Country	Phone No.
HOLLAND	0408348 83

Profession / Occupation: Judo REFEREE ** 08 J21

Hotel: Sinai ** S1

**

Arrival: EL-AL ~~339~~ — Airline & Flight No.

30.6 — Date

1550 — Time of Arrival

**

Departure: EL-AL 035 — Airline & Flight No.

11.7 — Date

10:00 — Time of Departure

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
		**
		**

To be Completed by Head of Family

ACCOMPANIED BY:

	**
	**
	**
	**
	**

Signature

31.5.89

Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th maccabiah
המכביה ה-13
ישראל תשנ"ט ל' סיון - יתכח 13th-13th maccabiah Israel 1989

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20594

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F / M)	Food Type * (01 - REGULAR, 02 - VEGETARIAN)
SPENNLINGWIMMER	SIEGFRIED	09 02 44	M ✓	

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
P0397971	01 02 03 04 05 06 07 08 09 10 11 12	KAMMERSCHLAG 94

City	State	Zip
GRAMASTETTEN		

Country	Phone No.
AUSTRIA	07239 5011

Profession / Occupation: Judo - Referee ** 08 J 21

Hotel: Simai ** S1

**

Arrival: EL-AL 364 — 3.7. — 16:40
Airline & Flight No. — Date — Time of Arrival

**

Departure: EL-AL 363 — 9.7 — 13:30
Airline & Flight No. — Date — Time of Departure

To be Completed by Head of Family

ACCOMPANIED BY:

	**
	**
	**
	**
	**

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	
		**
		**
		**

Signature

Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989
Please attach an identity photo to this entry form.

13th maccabiah המכביה
ישראל 3-13.7.89 · ירושלים · תמוז תשמט

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20580

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F / M)	Food Type * (01 - REGULAR, 02 - VEGETARIAN)
STAPPAERTS	JEAN F.		M	

Passport No.	Participation At Previous Maccabiot *
SN0474386	01 02 03 04 05 06 07 08 09 10 11 12

Address (No. - Street - Apt): AV. PRINCE-BAUDOUIN 9

City: WATERLOO — State — Zip: 1410

Country: BELGIUM — Phone No.: 23540061

** 08 FH

Profession / Occupation: REFEREE - Hockey

** 51

Hotel: SINAI

**

Arrival: EL-AL 334 — 30/6 — Time of Arrival
Airline & Flight No. — Date

**

Departure: EL-AL 334 — 14/7 — Time of Departure
Airline & Flight No. — Date

To be Completed by Head of Family

ACCOMPANIED BY:

Name	Sport	**
		**
		**
		**

	**
	**
	**
	**

Signature

Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th maccabiah
המכביה ה13
israel 3-13.7.89 ישראל חמשה עשר ליולי-חמשה עשר ביולי

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20239

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F M)	Food Type *
SYME	DAVID F. T.		M	01 - REGULAR 02 - VEGETARIAN

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
	01 02 03 04 05 06 07 08 09 10 11 12	20 LIMESIDE AVENUE

City	State	Zip
GLASGOW		

Country	Phone No.
SCOTLAND	0446431295

Profession / Occupation: Football - REFEREE ** 08 FB

** 51

Hotel: Sinai

**

Arrival: EL-AL 316 — Airline & Flight No. — 25/6 — Date — Time of Arrival

**

Departure: EL-AL 315 — Airline & Flight No. — 18/7 — Date — Time of Departure

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	
		**
		**
		**

To be Completed by Head of Family

ACCOMPANIED BY:

Wife	** 20238
	**
	**
	**
	**

Signature

Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th maccabiah המכביה
ישראל 3-13.7.89

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC: HUN ** 20596

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F / M)	Food Type *
TARDOS	JANOS	28.03.51.	X	(01) REGULAR / 02 - VEGETARIAN

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
	01 02 03 04 05 06 07 08 09 10 11 12	11-13 ARANY U.

City	State	Zip
BUDAPEST	HUNGARY	1121

Country	Phone No.
	84-

Profession / Occupation: ECONOMIST JUDO ** 08 JU

Hotel: SINAI ** 51

**

Arrival: 210 — 2/7 — 02:30
Airline & Flight No. — Date — Time of Arrival

**

Departure: _____ — _____ — _____
Airline & Flight No. — Date — Time of Departure

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
		**
		**

To be Completed by Head of Family

ACCOMPANIED BY:

	**
	**
	**
	**
	**

Tardos J.
Signature

Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th maccabiah המכביה
israel 3-13.7.89 ישראל חשגרט ל' סיון - יתנה 89

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20241

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F M)	Food Type * (01 - REGULAR, 02 - VEGETARIAN)
THIRY	JULIUS		M	

Passport No.	Participation At Previous Maccabiot * (01 02 03 04 05 06 07 08 09 10 11 12)	Address (No. - Street - Apt)
		1715 MARKET STR. SUITE 103

Profession / Occupation: Karate Referee ** 08 KA

** 51

Hotel: Sinai

**

City	State	Zip
KIRKLAND		98033

Country	Phone No.
USA	2067458060

Arrival _____ (Airline & Flight No.) 3-4/7 (Date) _____ (Time of Arrival)

**

Departure _____ (Airline & Flight No.) 16/7 (Date) _____ (Time of Departure)

To be Completed by Head of Family

ACCOMPANIED BY:

Wife 38 Iolka 8'rs

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
		**
		**

**
**
**
**
**

_____ Signature

_____ Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th maccabiah המכביה

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20256

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F / M)	Food Type * (01 - REGULAR, 02 - VEGETARIAN)
TRAPANESE	ERNESTO		M	

Passport No.	Participation At Previous Maccabiot * (01 02 03 04 05 06 07 08 09 10 11 12)	Address (No. - Street - Apt)
92037 1E		VIA BOSCO GRANDE GORNO D'ORO

City	State	Zip
EBOLI		84025

Country	Phone No.
ITALY	0828347143

** Profession / Occupation VOLLEYBALL REFEREE 08 VB

** Hotel SINAI 51

** Arrival EL AL #386 (Airline & Flight No.) 30/6/89 (Date) 17:30 (Time of Arrival)

** Departure EL AL # 385 (Airline & Flight No.) 14/7/89 (Date) 09:00 (Time of Departure)

To be Completed by Head of Family

ACCOMPANIED BY:

If Family Members are Athletes or part of a Delegation please give details: Name	Sport	**
		**
		**
		**

**
**
**
**
**

Signature

11.6.89
Date

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

* Please Circle The Applicable

** For Office Use Only

13th maccabiah המכביה ה

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC: HUN

** 20130

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F / M)	Food Type * (01 - REGULAR, 02 - VEGETARIAN)
URVARY	SANDOR		M	

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
	01 02 03 04 05 06 07 08 09 10 11 12	ARATO 42A

City	State	Zip
BUDAPEST		

Country	Phone No.
HYNGARY	860471

Profession / Occupation: Gymnastic-Referee ** 08 GT

** 51

Hotel: Sinai

** 2912

Arrival: EL-AL 368 (Airline & Flight No.) 29.6 (Date) 12:00 (Time of Arrival)

**

Departure: EL-AL 363 (Airline & Flight No.) 7.7 (Date) 08:15 (Time of Departure)

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
		**
		**

To be Completed by Head of Family

ACCOMPANIED BY:

	**
	**
	**
	**
	**

Signature

31.5.89
Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th maccabiah המכביה
ישראל 3-25.7.89 ב-13 יולי

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC: HOL ** 20135

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F / M)	Food Type * (01 - REGULAR, 02 - VEGETARIAN)
VERGUNST	PIET		M	

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
	01 02 03 04 05 06 07 08 09 10 11 12	NOORDERSTRAAT 37

Profession / Occupation: KARATE-REFEREE ** 08 KA

Hotel: Sinai **

City	State	Zip
AMSTERDAM		1017TR

Country	Phone No.
HOLLAND	20-231994

Arrival: EL-AL ~~255~~ 338 — Airline & Flight No. — Date: 30.6 — Time of Arrival: [redacted] **

Departure: EL-AL 337 — Airline & Flight No. — Date: 14.7 — Time of Departure: 02:45 **

To be Completed by Head of Family

ACCOMPANIED BY:

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
		**
		**
		**

**
**
**
**
**

Signature

31.5.89
Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th maccabiah המכביה
ישראל 3-13.7.89

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20243

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F / M)	Food Type * (01 - REGULAR, 02 - VEGETARIAN)
WILSON	TOM G.		M	

Passport No.	Participation At Previous Maccabiot * (01 02 03 04 05 06 07 08 09 10 11 12)	Address (No. - Street - Apt)
		6 MOORHEY SOUTH RD TRESTHERTON

City	State	Zip
PRESTON LANCS	PRS	7AE

Country	Phone No.
ENGLAND	07726003326

Profession / Occupation CRICKET - REFEREE ** 08 CR

** S1

Hotel Sinai

**

Arrival EL-AL 318 — Airline & Flight No. — 1/7 Date — Time of Arrival

**

Departure EL-AL 315 — Airline & Flight No. — 14/7 Date — Time of Departure

To be Completed by Head of Family

ACCOMPANIED BY:

WIFE ** 20242

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	
		**
		**
		**

	**
	**
	**

Signature

Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th maccabiah המכביה
ישראל 3-13.7.89

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC: POL ** 2011 8

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F M)	Food Type * (01 - REGULAR, 02 - VEGETARIAN)
ZYCH	WIESLAW			

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
PO 566944	01 02 03 04 05 06 07 08 09 10 11 12	OBORNIKI SL 53-333

Profession / Occupation: Basketball Referee ** 08

Hotel: Sinai ** 2911 ** 51

City	State	Zip
WROCLAW		

Country	Phone No.
POLAND	SL 1/14/05

Arrival: LOT 455 — Airline & Flight No. — 29.6 — Date — 13:50 — Time of Arrival

**

Departure: LOT 456 — Airline & Flight No. — 13.7 — Date — 15:10 — Time of Departure

To be Completed by Head of Family

ACCOMPANIED BY:

WIFE ** 2018

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
		**
		**
		**

**
**
**

Signature

31.5.89
Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th maccabiah
המכביה

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20659

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F M)	Food Type * (01 - REGULAR, 02 - VEGETARIAN)
WURM	PAL			

Passport No.	Participation At Previous Maccabiot * (01 02 03 04 05 06 07 08 09 10 11 12)	Address (No. - Street - Apt)

Profession / Occupation: Fencing Referee **

Hotel: Sinai **

City	State	Zip

Country	Phone No.
HUNGARY	

**

Arrival _____ (Airline & Flight No.) _____ (Date) _____ (Time of Arrival)

Departure _____ (Airline & Flight No.) _____ (Date) _____ (Time of Departure)

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
		**
		**

To be Completed by Head of Family

ACCOMPANIED BY:

	**
	**
	**
	**
	**

Signature

Date

* Please Circle The Applicable

** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th maccabiah המכביה

israel 3-13.7.89 ישראל תשנ"ט ל'-ח'תמוז

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20657

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F M)	Food Type *
HERB	DAVID		M	01 - REGULAR 02 - VEGETARIAN

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
	01 02 03 04 05 06 07 08 09 10 11 12	

Profession / Occupation cRicket Referee **

Hotel Sinai **

**

City	State	Zip

Country	Phone No.
SCOTLAND	

Arrival _____ Airline & Flight No. ** _____ Date _____ Time of Arrival _____

Departure _____ Airline & Flight No. _____ Date _____ Time of Departure _____

To be Completed by Head of Family

ACCOMPANIED BY:

Name	Sport	**
		**
		**
		**
		**

Signature _____

Date _____

* Please Circle The Applicable

** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th maccabiah המכביה

ישראל 13-28.7.89

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20655

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F M)	Food Type *
DRAJACA	MIROLJUB		1	01 - REGULAR 02 - VEGETARIAN

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
	01 02 03 04 05 06 07 08 09 10 11 12	

Profession / Occupation Hockey - Referee **

**

Hotel Sinai

**

City	State	Zip

Country	Phone No.
YUGOSLAVIA	

Arrival _____ Airline & Flight No. ** _____ Date _____ Time of Arrival _____

Departure _____ Airline & Flight No. _____ Date _____ Time of Departure _____

To be Completed by Head of Family

ACCOMPANIED BY:

Name	Sport	
		**
		**
		**
		**
		**

Signature

Date

* Please Circle The Applicable

** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th maccabiah המכביה

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20658

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F M)	Food Type *
BRESLIN	JOSEPH		✓	01 - REGULAR 02 - VEGETARIAN

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
	01 02 03 04 05 06 07 08 09 10 11 12	

Profession / Occupation Cricket Referee **

Hotel Sinai **

City	State	Zip

Country	Phone No.
SCOTLAND	

Arrival _____ (Airline & Flight No.) _____ (Date) _____ (Time of Arrival) **

Departure _____ (Airline & Flight No.) _____ (Date) _____ (Time of Departure) **

To be Completed by Head of Family

ACCOMPANIED BY:

Name	Sport	**
		**
		**
		**
		**

Signature

Date

* Please Circle The Applicable

** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th maccabiah המכביה
ישראל 3-13.7.89

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 2065 4

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F M)	Food Type *
GIAFRANCO	SALARIS		M	01 - REGULAR 02 - VEGETARIAN

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
	01 02 03 04 05 06 07 08 09 10 11 12	

Profession / Occupation Hockey Referee **

**

Hotel Sinai

**

City	State	Zip

Country	Phone No.
SPAIN	

Arrival _____ (Airline & Flight No.) _____ (Date) _____ (Time of Arrival)

**

To be Completed by Head of Family

ACCOMPANIED BY: **

**

Departure _____ (Airline & Flight No.) _____ (Date) _____ (Time of Departure)

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
		**
		**

**

**

**

26.6.89
Signature Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th maccabiah
המכביה
Israel 3-13.7.89 שראל 13-3.7.89

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20650

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F M)	Food Type *
WEEKS	BERT		M	01 - REGULAR 02 - VEGETARIAN

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
	01 02 03 04 05 06 07 08 09 10 11 12	

Profession / Occupation Observer - Softball **

Hotel Sinai **

City	State	Zip

Country	Phone No.
USA	

Arrival _____ (Airline & Flight No.) _____ (Date) _____ (Time of Arrival) **

Departure _____ (Airline & Flight No.) _____ (Date) _____ (Time of Departure) **

To be Completed by Head of Family

ACCOMPANIED BY:

WIFE ** 20651

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	
		**
		**
		**

	**
	**
	**

Signature

Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th maccabiah המכביה

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20649

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F / M)	Food Type *
KRAUS	ARTHUR		X	01 - REGULAR 02 - VEGETARIAN

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
	01 02 03 04 05 06 07 08 09 10 11 12	

City	State	Zip

Country	Phone No.
CANADA	

** Profession / Occupation _____

** Hotel _____

**

Arrival _____ (Airline & Flight No.) _____ (Date) _____ (Time of Arrival)

**

Departure _____ (Airline & Flight No.) _____ (Date) _____ (Time of Departure)

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
		**
		**

To be Completed by Head of Family

ACCOMPANIED BY:

	**
KRAUS	**
KRAUS	**
KRAUS	**
	**
	**

_____
Signature

_____
Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th maccabiah המכביה

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20648

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F M)	Food Type *
SPEED	HAROLD		✓	01 - REGULAR 02 - VEGETARIAN

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
	01 02 03 04 05 06 07 08 09 10 11 12	

Profession / Occupation Softball Referee **

Hotel Sinai **

City	State	Zip

Country	Phone No.
USA	

Arrival _____ (Airline & Flight No.) _____ (Date) _____ (Time of Arrival)

**

Departure _____ (Airline & Flight No.) _____ (Date) _____ (Time of Departure)

To be Completed by Head of Family

ACCOMPANIED BY:

Name	Sport	**
		**
		**
		**
		**

26.6.89

Signature Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th maccabiah המכביה ה13

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20647

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F / M)	Food Type * (01 - REGULAR, 02 - VEGETARIAN)
STRATTON	JAMES		M	

Passport No.	Participation At Previous Maccabiot * (01 02 03 04 05 06 07 08 09 10 11 12)	Address (No. - Street - Apt)

Profession / Occupation Softball Referee **

Hotel Sinai **

City	State	Zip

Country	Phone No.
USA	

Arrival _____ (Airline & Flight No.) _____ (Date) _____ (Time of Arrival)

**

Departure _____ (Airline & Flight No.) _____ (Date) _____ (Time of Departure)

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
		**
		**

To be Completed by Head of Family

ACCOMPANIED BY:

	**
	**
	**
	**
	**

Signature

26.6
Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th maccabiah המכביה

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20646

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F M)	Food Type *
HOOKER	MARTIN		✓	01 - REGULAR 02 - VEGETARIAN

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
	01 02 03 04 05 06 07 08 09 10 11 12	

Profession / Occupation softball Referee **

Hotel Sinai **

City	State	Zip

Country	Phone No.
USA	

**

Arrival _____ (Airline & Flight No.) _____ (Date) _____ (Time of Arrival)

Departure _____ (Airline & Flight No.) _____ (Date) _____ (Time of Departure)

To be Completed by Head of Family

ACCOMPANIED BY:

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
		**
		**

	**
	**
	**
	**
	**

Signature

14.6
Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th maccabiah
המכביה

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20646

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F M)	Food Type *
GIESKE	HANS			01 - REGULAR 02 - VEGETARIAN

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
	01 02 03 04 05 06 07 08 09 10 11 12	

Profession / Occupation Observer Table Tennis **

Hotel Sinai **

City	State	Zip

Country	Phone No.
W. GERMANY	

Arrival _____ Airline & Flight No. **

_____ Date

_____ Time of Arrival

Departure _____ Airline & Flight No.

_____ Date

_____ Time of Departure

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	
		**
		**
		**

To be Completed by Head of Family

ACCOMPANIED BY:

	**
	**
	**
	**
	**

_____ Signature

26.6 Date

* Please Circle The Applicable

** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th maccabiah המכביה

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20645

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F / M)	Food Type * (01 - REGULAR, 02 - VEGETARIAN)
COHEN	RENEE		V	

Passport No.	Participation At Previous Maccabiot * (01 02 03 04 05 06 07 08 09 10 11 12)	Address (No. - Street - Apt)

Profession / Occupation Umpaire Hockey **

Hotel Vingcit **

City	State	Zip

Country	Phone No.
CANADA	

Arrival _____ (Airline & Flight No.) **

27/6 (Date) _____ (Time of Arrival)

Departure _____ (Airline & Flight No.) _____ (Date) _____ (Time of Departure)

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	
		**
		**
		**

To be Completed by Head of Family

ACCOMPANIED BY:

[illegible] **
[illegible] **
[illegible] **
[illegible] **
[illegible] **

Signature

Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th maccabiah המכביה

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20644

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F M)	Food Type *
KORFF	NORMAN			01 - REGULAR 02 - VEGETARIAN

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
	01 02 03 04 05 06 07 08 09 10 11 12	

Profession / Occupation TENNIS כדורגל אולימפי **

Hotel Karlton **

City	State	Zip

Country	Phone No.
USA	

Arrival _____ Airline & Flight No. **

29/6 Date _____ Time of Arrival

Departure _____ Airline & Flight No. **

_____ Date _____ Time of Departure

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	
		**
		**
		**

To be Completed by Head of Family

ACCOMPANIED BY:

	**
	**
	**
	**
	**

Signature

26.6 Date

* Please Circle The Applicable

** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th maccabiah המכביה

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC 20591

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F / M)	Food Type * (01 - REGULAR, 02 - VEGETARIAN)
VUSZEK	ANTON		M	

Passport No.	Participation At Previous Maccabiot * (01 02 03 04 05 06 07 08 09 10 11 12)	Address (No. - Street - Apt)
		GYONGYOSI 4

Profession / Occupation: Waterpolo - REFEREE ** 08 WA

Hotel: Sinai ** 51

City	State	Zip
BUDAPEST		1138

Country	Phone No.
HUNGARY	3614999787

Arrival: OA 301 — Airline & Flight No. — Date: 1/7 — Time of Arrival: 20:10 — ** 20621

Departure: MA 271 — Airline & Flight No. — Date: 10/7 — Time of Departure: 03:35 — ** 20624

To be Completed by Head of Family

ACCOMPANIED BY:

WIFE MRS.

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
		**
		**
		**

**
**
**
**

Signature

Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th maccabiah
המכביה ה-13
ישראל 3-13.7.89

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 2 0 0 0 5

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F M)	Food Type *
SEGALL	DON			01 - REGULAR 02 - VEGETARIAN

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
031440094	01 02 03 04 05 06 07 08 09 10 11 12	156 S. ALMONT DR.

City	State	Zip
BEVERLEY HILLS	CA	90211

Country	Phone No.
USA	

Profession / Occupation: US SPONSORS ** 91

Hotel ** 716

Arrival ____ Airline & Flight No. ____ Date ____ Time of Arrival ____

Departure ____ Airline & Flight No. ____ Date ____ Time of Departure ____

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
		**
		**

To be Completed by Head of Family

ACCOMPANIED BY:

MARINA 09.10.35 C0616820		** 2 0 0 0 4
		**
		**
		**
		**

Signature

Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th maccabiah
המכביה
ישראל 3-13.7.89

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20011

V.I.P.

Family Name	First Name	Date of birth Day Month Year	Sex F M	Food Type * 01 - REGULAR 02 - VEGETARIAN
SALTER	MICHAEL	200349	X	

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
033128812	01 02 03 04 05 06 07 08 09 10 11 12	435 25th ST

** 91

Profession / Occupation US SPONSOR

**

Hotel

**

City	State	Zip
SANTA MONICA	CA	90402

Country	Phone No.
USA	

Arrival — Airline & Flight No. ** — Date — Time of Arrival

Departure — Airline & Flight No. — Date — Time of Departure

To be Completed by Head of Family

ACCOMPANIED BY:

W	TOBY 14.03.49 033128817	** 20006
W	CANDICE 24.08.74 033128813	** 20007
W	DANA 08.01.77 033128815	** 20008
M	MATHEW 04.10.78 033128816	** 20009
M	SCOTT 13.12.79 033128814	** 20010

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
		**
		**

Signature

Date

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

* Please Circle The Applicable

** For Office Use Only

13th maccabiah
המכביה ה-13
ישראל 3-28.7.89

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 2 0 0 1 3

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F M)	Food Type *
SEGAL	STEVEN F.	14 06 36	X	01 - REGULAR 02 - VEGETARIAN

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
687336887	01 02 03 04 05 06 07 08 09 10 11 12	14 WEST 33rd ST

c/o Sigall Ltd

City	State	Zip
NEW YORK	NY	10001

Country	Phone No.
USA	

** Profession / Occupation US SPONSOR

** Hotel

** C.N 7/6

Arrival _____ Airline & Flight No. _____ Date _____ Time of Arrival _____

** 2 0 0 1 2

Departure _____ Airline & Flight No. _____ Date _____ Time of Departure _____

To be Completed by Head of Family

ACCOMPANIED BY:

LINDA 22.09.45 060297821

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	
		**
		**
		**

** ** **

Signature

Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th maccabiah
המכביה ה13
israel 3-13.7.89 שראל תשמ"ט ד'-טון-יתמוז תשמ"ט

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 2014

V.I.P.

Family Name	First Name	Date of birth Day Month Year	Sex F M	Food Type * 01 - REGULAR 02 - VEGETARIAN
SEGALL	GREGORY L.	16 04 63		

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
037676043	01 02 03 04 05 06 07 08 09 10 11 12	9608 W. OLYMPIC BLVD #B

City	State	Zip
BEVERLEY HILLS	CA	90212

Country	Phone No.
USA	

Profession / Occupation US SPONSOR **

Hotel **

Arrival _____ Airline & Flight No. ** _____ Date _____ Time of Arrival

Departure _____ Airline & Flight No. _____ Date _____ Time of Departure

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
		**
		**

To be Completed by Head of Family

ACCOMPANIED BY:

	**
	**
	**
	**
	**

_____
Signature

_____
Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 2016

V.I.P.

Family Name	First Name	Date of birth Day Month Year	Sex F M	Food Type * 01 - REGULAR 02 - VEGETARIAN
SHRINSKY	JASON	15 9 63	X	

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
012046142	01 02 03 04 05 06 07 08 09 10 11 12	901 15th ST. NW STE 11

40 Kaye, Scholer, Herman, Hays + Handler

City	State	Zip
WASHINGTON DC		20005

Country	Phone No.
USA	

**

Profession / Occupation US SPONSOR

**

Hotel

**

(5-1)

1/6

Arrival — Airline & Flight No. — Date — Time of Arrival

**

Departure — Airline & Flight No. — Date — Time of Departure

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
		**
		**

To be Completed by Head of Family

ACCOMPANIED BY:

	**
STACY 29.06.73 012048241	2005
[illegible]	**
	**
	**
	**

Signature

Date

* Please Circle The Applicable

** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th maccabiah
המכביה ה13
ישראל 3-13.7.89

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 2 0 0 1 7

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F M)	Food Type * (01 - REGULAR, 02 - VEGETARIAN)
BAIZEN	RONNIE	14 02 47	X	

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
060045732	01 02 03 04 05 06 07 08 09 10 11 12	27 SPRAY AVE

City	State	Zip
MARBLEHEAD	MA	01945

Country	Phone No.
USA	

** Profession / Occupation _____

** Hotel _____

** 1/6

Arrival _____ (Airline & Flight No.) _____ (Date) _____ (Time of Arrival)

** Departure _____ (Airline & Flight No.) _____ (Date) _____ (Time of Departure)

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
		**
		**

To be Completed by Head of Family

ACCOMPANIED BY:

	**
[illegible]	**
	**
	**
	**

Signature

Date

* Please Circle The Applicable

** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th maccabiah המכביה
ישראל 3-13.7.89

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 2 0 0 1 9

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F / M)	Food Type *
SHERMAN	ALAN	15 11 35	X	(01) REGULAR; 02 - VEGETARIAN

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
011661030	01 02 03 04 05 X 07 08 09 X X X	7400 BARRA DRIVE

City	State	Zip
BETHESDA	MD	20817

Country	Phone No.
USA	2022231550

Profession / Occupation Self Employed IMC

** 20

Hotel Hilton

** HI

IMC (S) 116

** 2

Arrival LY 004 — Airline & Flight No. — 6/26 Date — 8:30AM Time of Arrival

** 3

Departure SR 333 — Airline & Flight No. — 7/8 Date — 7:00AM Time of Departure

To be Completed by Head of Family

ACCOMPANIED BY:

Name		Date of birth	Passport No.	**
CLAIRE		11.04.40	013523998	2001 8
				**
				**
				**
				**

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
		**
		**

Alan Sherman
Signature

5-11-89
Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989
Please attach an identity photo to this entry form.

13th maccabiah
המכביה ה13
israel 3-13.7.89 ישראל חשכרט ל' כסלו - י"ח תמוז תשמ"ט

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 2020

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F M)	Food Type * (01 - REGULAR, 02 - VEGETARIAN)
KRONOWET	NEAL	10 12 60	X	

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
012956521	01 02 03 04 05 06 07 08 09 10 11 12	1222 JULES CT

City	State	Zip
CHARLOTTE	NC	28226

Country	Phone No.

Profession / Occupation US SPONSOR **

Hotel ** CSN 1/6

Arrival _____ (Airline & Flight No.) ** _____ (Date) _____ (Time of Arrival)

Departure _____ (Airline & Flight No.) _____ (Date) _____ (Time of Departure)

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	
		**
		**
		**

To be Completed by Head of Family

ACCOMPANIED BY:

GAIL LIEBERMAN 6/4/65	**
	**
	**
	**
	**

_____
Signature

_____
Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989
Please attach an identity photo to this entry form.

13th maccabiah
המכביה

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 2021

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F / M)	Food Type *
LEVENTHAL	GAIL	040465	X	01 - REGULAR 02 - VEGETARIAN

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
062125775	01 02 03 04 05 06 07 08 09 10 11 12	

City	State	Zip

Country	Phone No.

** Profession / Occupation _____

** Hotel _____

** (S-1 116

Arrival _____ Airline & Flight No. ** _____ Date _____ Time of Arrival _____

Departure _____ Airline & Flight No. ** _____ Date _____ Time of Departure _____

To be Completed by Head of Family

ACCOMPANIED BY:

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
		**
		**

**
**
**
**
**

Signature

Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th maccabiah המכביה
ישראל 3-13.7.89 israel

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20023

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F M)	Food Type * (01 - REGULAR, 02 - VEGETARIAN)
ROSENMUTTER	NATHAN	28 03 15	X	

Passport No.	Participation At Previous Maccabiot * (01 02 03 04 05 06 07 08 09 10 11 12)	Address (No. - Street - Apt)
021271530		180 E PEARSON APT 3301

City	State	Zip
CHICAGO	IL	60611

Country	Phone No.
USA	

Profession / Occupation US SPONSOR **

Hotel **

CSN 1/6

Arrival _____ Airline & Flight No. ** _____ Date _____ Time of Arrival _____

Departure _____ Airline & Flight No. _____ Date _____ Time of Departure _____

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	
		**
		**
		**

Signature

To be Completed by Head of Family

ACCOMPANIED BY:

SELMA 11.10.20 011628854 ** 20022

[illegible] 366 **

[illegible] **

**

**

[illegible]

Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th maccabiah המכביה
ישראל 3-13.7.89

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 2 0 0 2 4

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F M)	Food Type *
SOMERMAN	BEVERLEY	30 03 43	X	01 - REGULAR 02 - VEGETARIAN

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
	01 02 03 04 05 06 07 08 09 10 11 12	3150 LAKE SHORE DR APT 3BC

City	State	Zip
CHICAGO	IL	60657

Country	Phone No.
USA	

** Profession / Occupation _____

** Hotel _____

** _____

(5)
1/6

Arrival _____ _____ _____
Airline & Flight No. Date Time of Arrival

** _____

Departure _____ _____ _____
Airline & Flight No. Date Time of Departure

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
		**
		**

To be Completed by Head of Family

ACCOMPANIED BY:

	**
NATHAN ROSENBERG	2 0 2 L
	**
	**
	**
	**

_____
Signature

_____
Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989
Please attach an identity photo to this entry form.

13th maccabiah המכביה
israel 3-13.7.89 ישראל 3-13.7.89

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 2 0 0 2 5

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F M)	Food Type * (01 - REGULAR, 02 - VEGETARIAN)
BRAVERMAN	EVA	20 06 68	X	

Passport No.	Participation At Previous Maccabiot * (01 02 03 04 05 06 07 08 09 10 11 12)	Address (No. - Street - Apt)
022274366		1434 N. DEARBORN

City	State	Zip
CHICAGO	IL	60610

Country	Phone No.
USA	

** (S:)

Profession / Occupation _____ **

Hotel _____ **

1/6

Arrival _____ (Airline & Flight No.) **

_____ (Date)

_____ (Time of Arrival)

To be Completed by Head of Family

ACCOMPANIED BY:

Departure _____ (Airline & Flight No.)

_____ (Date)

_____ (Time of Departure)

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
		**
		**

	**
	**
	**
	**

_____
Signature

_____
Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th maccabiah המכביה

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20027

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F / M)	Food Type *
GEIBELSON	JEFFREY	23 02 43	X	01 - REGULAR 02 - VEGETARIAN

Passport No.	Participation At Previous Maccabiot *
031281193	01 02 03 04 05 06 07 08 09 10 11 12

Address (No. - Street - Apt): 2049 CENTURY PARK EAST ST 3700

City: LOS ANGELES State: CA Zip: 90067

Country: USA Phone No.:

Profession / Occupation: UC SPONSOR **

Hotel: **

Arrival: _____ Airline & Flight No. ** _____ Date _____ Time of Arrival _____

Departure: _____ Airline & Flight No. _____ Date _____ Time of Departure _____

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
		**
		**

To be Completed by Head of Family

ACCOMPANIED BY:

MARLENE	14.7.44 031271152	** 20026
[illegible]	[illegible]	**
		**
		**
		**

_____ Signature

_____ Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th maccabiah המכביה

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 2 0 0 2 8

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F M)	Food Type * (01 - REGULAR, 02 - VEGETARIAN)
EISELSON	MICHAEL	25 12 70	X	

Passport No.	Participation At Previous Maccabiot *
033144734	01 02 03 04 05 06 07 08 09 10 11 12

Address (No. - Street - Apt): 3698 ANASTASIA DR.

City: ENCINO State: CA Zip: 91316

Country: USA Phone No.:

Profession / Occupation: [illegible] ** 91

Hotel: ** 116

Arrival: Airline & Flight No. ** Date Time of Arrival

Departure: Airline & Flight No. Date Time of Departure

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
		**
		**

To be Completed by Head of Family

ACCOMPANIED BY:

[illegible]

**
**
**
**
**

Signature

Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th maccabiah המכביה

ישראל 3-13.7.89

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20029

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F M)	Food Type *
DINNER	MOE	19 06 17	X	01 - REGULAR 02 - VEGETARIAN

Passport No.	Participation At Previous Maccabiot *
070284137	01 02 03 04 05 06 07 08 09 10 11 12

Address (No. - Street - Apt): 9043 NE 37th PLACE

City: BELLEVUE State: WA Zip: 98004

Country: USA Phone No.:

Profession / Occupation: US SPONSOR **

Hotel: ** (S.) 1/6

Arrival: Airline & Flight No. ** Date Time of Arrival

Departure: Airline & Flight No. Date Time of Departure

To be Completed by Head of Family

ACCOMPANIED BY:

~~ETESS~~ RUTH T 03.05.20 070502967 **

~~BARBARA~~ BARBARA 08.12.49 f889627 **

(see attached form) **

**

**

**

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
		**
		**

Signature

Date

* Please Circle The Applicable

** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th maccabiah המכביה

ישראל 3-בנ.ס.89 ירושלים ל"ס-יתמה

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20030

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F M)	Food Type * (01 - REGULAR, 02 - VEGETARIAN)
DINNER BINNER	BARBARA	08 12 49	X	

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
	01 02 03 04 05 06 07 08 09 10 11 12	934 SCOTT AVENUE

City	State	Zip
KANSAS CITY	KS	66105

Country	Phone No.
USA	

**

Profession / Occupation _____

**

Hotel _____

**

(F)
1/6

Arrival _____ Airline & Flight No. ** _____ Date _____ Time of Arrival _____

Departure _____ Airline & Flight No. _____ Date _____ Time of Departure _____

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
		**
		**

To be Completed by Head of Family

ACCOMPANIED BY:

~~CHESS~~ RUTH A ~~03 05 20 070579~~ **

~~MOE 19 06 17 070284~~ **

**

**

**

Signature

Date

* Please Circle The Applicable

** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th maccabiah
המכביה ה-13
ישראל 3-13.7.89

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20031

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F M)	Food Type *
CHESS	RUTH	03 05 20	X	01 - REGULAR 02 - VEGETARIAN

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
070507967	01 02 03 04 05 06 07 08 09 10 11 12	1019 108th NE #J14

City	State	Zip
BELLEVUE	WA	98004

Country	Phone No.
USA	

** Profession / Occupation _____

** Hotel _____

**

(b) 1/6

Arrival _____ Airline & Flight No. _____ Date _____ Time of Arrival _____

**

Departure _____ Airline & Flight No. _____ Date _____ Time of Departure _____

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
		**
		**

To be Completed by Head of Family

ACCOMPANIED BY:

~~ALLAN DALTEN~~

~~MOC DINNER~~

**
**
**
**
**

Signature

Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th maccabiah
המכביה
ישראל 3-13.7.89

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20032

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F M)	Food Type * (01 - REGULAR, 02 - VEGETARIAN)
SHELDON	MAX	12 03 17	X	

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
021100198	01 02 03 04 05 06 07 08 09 10 11 12	PO BOX 2065

City	State	Zip
FARMINGTON HILLS	MI	48333-2065

Country	Phone No.
USA	

**

Profession / Occupation US SPONSOR

**

Hotel

**

Arrival — Airline & Flight No. — Date — Time of Arrival

**

Departure — Airline & Flight No. — Date — Time of Departure

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
		**
		**

To be Completed by Head of Family

ACCOMPANIED BY:

		**
[illegible]	BERTHA	20273
[illegible]	MICHAEL	** 20274
[illegible]	KATHLEEN	** 20275
[illegible]	JENNIFER	** 20276
[illegible]	DAVID	** 20277

Signature

Date

* Please Circle The Applicable

** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th maccabiah
המכביה ה13

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC [ ] ** 20033

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F M)	Food Type *
SPIVAK	ROBERT E.	30 12 36	X	01 - REGULAR 02 - VEGETARIAN

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
D1480333	01 02 03 04 05 06 07 08 09 10 11 12	1926 ARCH ST

Profession / Occupation IMC

** ~~44~~ 20 IMC (J.)

** [ ]

1/6

Hotel

**

City	State	Zip
PHILADELPHIA	PA	19103

Country	Phone No.

Arrival — Airline & Flight No. — Date — Time of Arrival

**

Departure — Airline & Flight No. — Date — Time of Departure

To be Completed by Head of Family

ACCOMPANIED BY:

**

~~TAYLOR HOGGE~~

** 20050 58

TAYLOR HOGGE 10.10.49 D1480327

**

**

**

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
		**
		**

Signature

Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th maccabiah המכביה

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20034

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F M)	Food Type * (01 - REGULAR, 02 - VEGETARIAN)
GREENBERG	FRANK	28 02 33	M	

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
090175113	01 02 03 04 05 06 07 08 09 10 11 12	12 S 12th St STE 1414

Profession / Occupation: US SPONSOR **

Hotel: ** (CS-1 1/6)

City	State	Zip
PHILADELPHIA	PA	19107

Country	Phone No.
USA	

Arrival: Airline & Flight No. ** | Date | Time of Arrival

Departure: Airline & Flight No. ** | Date | Time of Departure

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
		**
		**

To be Completed by Head of Family

ACCOMPANIED BY:

	**
[illegible]	**
	**
	**
	**

Signature

Date

* Please Circle The Applicable

** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th maccabiah המכביה
ישראל 3-13.7.89

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20036

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F / M)	Food Type *
HARRIS	JEROME	06 11 19	X	01 - REGULAR 02 - VEGETARIAN

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
080227441	01 02 03 04 05 06 07 08 09 10 11 12	7357 N. KEDVALE AVE

City	State	Zip
LINCOLNWOOD	IL	60646

Country	Phone No.
USA	

Profession / Occupation _____ **

Hotel _____ **

(2)
1/6

Arrival _____ (Airline & Flight No.) **

_____ (Date)

_____ (Time of Arrival)

Departure _____ (Airline & Flight No.) **

_____ (Date)

_____ (Time of Departure)

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
		**
		**
		**

To be Completed by Head of Family

ACCOMPANIED BY:

W JUNE 01.06.25 080227442	20035	**
		**
		**
		**

_____ Signature

_____ Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th maccabiah המכביה

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20038

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F / M)	Food Type * (01 - REGULAR, 02 - VEGETARIAN)
GREENBERG	(AARON) RON	150531	X	

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
033142073	01 02 03 04 05 06 07 08 09 10 11 12	5001 KELVIN AVE

US SPONSOR

Profession / Occupation TV PRODUCER **

** (S) 1/6

Hotel **

City	State	Zip
WOODLAND HILLS	CA	91364

Country	Phone No.
USA	

Arrival _____ Airline & Flight No. ** _____ Date _____ Time of Arrival _____

Departure _____ Airline & Flight No. ** _____ Date _____ Time of Departure _____

To be Completed by Head of Family

ACCOMPANIED BY:

W NANCY 03.03.86 023158429 ** 20037

_____ **

_____ **

_____ **

_____ **

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	
		**
		**
		**

_____
Signature

_____
Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th maccabiah המכביה
ישראל 3-13.7.89

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20040

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F M)	Food Type * (01 - REGULAR, 02 - VEGETARIAN)
HIRSCHHORN	ADRIAN	08 12 23	X	

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
J022210	01 02 03 04 05 06 07 08 09 10 11 12	258 CHESTNUT HILL RD

City	State	Zip
KILLINGWORTH	CT	06417

Country	Phone No.
USA	

Profession / Occupation US SPONSOR **

Hotel ** (5) 116

Arrival ____ Airline & Flight No. ____ Date ____ Time of Arrival **

Departure ____ Airline & Flight No. ____ Date ____ Time of Departure **

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
		**
		**

To be Completed by Head of Family

ACCOMPANIED BY:

	**
W JOYCE 29.06.26 J022209	20039
	**
	**
	**
	**

Signature

Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989
Please attach an identity photo to this entry form.

13th maccabiah המכביה

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20042

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F M)	Food Type * (01 - REGULAR, 02 - VEGETARIAN)
GRANICK	RICHARD D	06 10 28	X	

Passport No.	Participation At Previous Maccabiot *
033182401	01 02 03 04 05 06 07 08 09 10 11 12

Address (No. - Street - Apt): 4839 HASKELL AVE

City: ENCINO State: CA Zip: 91436

Country: USA Phone No.:

** (1)

Profession / Occupation: US SPONSOR

** 116

Hotel:

**

Arrival: Airline & Flight No. | Date | Time of Arrival

**

Departure: Airline & Flight No. | Date | Time of Departure

To be Completed by Head of Family

ACCOMPANIED BY:

W JILL 30.07.39 033173560 ** 20041

**

**

**

**

**

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport

Signature

Date

* Please Circle The Applicable

** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th maccabiah המכביה
israel 13-27.7.89 ישראל 13-27.7.89

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20044

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F M)	Food Type * (01 - REGULAR, 02 - VEGETARIAN)
GOODMAN	ARTHUR	30825	M	

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
D864307	01 02 03 04 05 06 07 08 09 10 11 12	4 SHELLEY TERRACE

US SPONSOR

Profession / Occupation _____ **

** (5,1)

Hotel _____ 1/6

**

City	State	Zip
WEST ORANGE	NJ	07052

Country	Phone No.
USA	

Arrival _____ (Airline & Flight No.) _____ (Date) _____ (Time of Arrival)

**

To be Completed by Head of Family

ACCOMPANIED BY:

w RUTH 22.05.29 D864306 ** 20043

Departure _____ (Airline & Flight No.) _____ (Date) _____ (Time of Departure)

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
ARTHUR GOODMAN	CLAY PIGEON	**
		**

** ** **

_____
Signature

_____
Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989
Please attach an identity photo to this entry form.

13th maccabiah המכביה
ישראל 3-13.7.89

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20046

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F M)	Food Type * (01 - REGULAR, 02 - VEGETARIAN)
GOLDBERG	MARSHALL	24 10 17	M	

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
D1696529	01 02 03 04 05 06 07 08 09 10 11 12	180 E PEARSON ST

City	State	Zip
CHICAGO	IL	60611

Country	Phone No.
USA	

Profession / Occupation US SPONSOR **

Hotel ** 1/6

Arrival _____ Date _____ Time of Arrival _____
Airline & Flight No.
**

Departure _____ Date _____ Time of Departure _____
Airline & Flight No.

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
		**
		**

To be Completed by Head of Family

ACCOMPANIED BY:

RITA 30.04.30 021262549		** 20045
		**
		**
		**
		**

Signature

Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989
Please attach an identity photo to this entry form.

13th maccabiah המכביה

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20048

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F M)	Food Type * (01 - REGULAR, 02 - VEGETARIAN)
GOLD	ALBERT	10 11 27	X	

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
033062689	01 02 03 04 05 06 07 08 09 10 11 12	1101 18TH ST

US SPONSOR/

Profession / Occupation CHIEF EXEC. ADV. CO. **

**

Hotel **

City	State	Zip
SANTA MONICA	CA	90403

Country	Phone No.
USA	

Arrival — Airline & Flight No. ** — Date — Time of Arrival

Departure — Airline & Flight No. — Date — Time of Departure

To be Completed by Head of Family

ACCOMPANIED BY:

** 20047

CAROLYN 03.08.37 033019445

**

**

**

**

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
		**
		**

Signature

Date

* Please Circle The Applicable

** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th maccabiah
המכביה ה-13
ישראל 3-13.7.89

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC 2 0052

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F M)	Food Type *
KAMENS	IRA	08 10 49	M	01 - REGULAR 02 - VEGETARIAN

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
FS13208	01 02 03 04 05 06 07 08 09 10 11 12	944 SUMMIT RD

Profession / Occupation US SPONSOR ** 91

Hotel HI ** 3006 **

City	State	Zip
NARBETH	PA	19072

Country	Phone No.
USA	

Arrival _____ Airline & Flight No. ** _____ Date _____ Time of Arrival _____

Departure _____ Airline & Flight No. _____ Date _____ Time of Departure _____

To be Completed by Head of Family

ACCOMPANIED BY:

W KAREN 11.12.- 090081485 ** 20051

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	
		**
		**
		**

** ** **

** ** **

** ** **

** ** **

Signature _____ Date _____

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th maccabiah
המכביה ה13

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC [ ] ** [2 0 0 5 3]

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F M)	Food Type *
GREISSMAN	MYRNA	06 03 44	X	01 - REGULAR 02 - VEGETARIAN

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
060945315	01 02 03 04 05 06 07 08 09 10 11 12	934 WOODMERE DR

Profession / Occupation: US SPONSOR ** A1

** [ ]

Hotel: HI

** [ ]

City	State	Zip
N WOODMERE	NY	11581

Country	Phone No.
USA	

Arrival _____ (Airline & Flight No.) _____ (Date) _____ (Time of Arrival)

** [ ]

Departure _____ (Airline & Flight No.) _____ (Date) _____ (Time of Departure)

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
		**
		**

To be Completed by Head of Family

ACCOMPANIED BY:

	**
	**
	**
	**
	**

Signature

Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th maccabiah
המכביה ה13

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 2 0 0 5 4

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F M)	Food Type *
BEREMAN	BERNICE	18 11 22	X	01 - REGULAR 02 - VEGETARIAN

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
	01 02 03 04 05 06 07 08 09 10 11 12	1550 CANARSIE RD

City	State	Zip
BROOKLYN	NY	11236

Country	Phone No.
USA	

** 91

Profession / Occupation _____

**

Hotel HI

**

Arrival _____ (Airline & Flight No.) _____ (Date) _____ (Time of Arrival)

**

Departure _____ (Airline & Flight No.) _____ (Date) _____ (Time of Departure)

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
		**
		**

To be Completed by Head of Family

ACCOMPANIED BY:

	**
	**
	**
	**
	**

Signature

Date

* Please Circle The Applicable

** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th maccabiah
המכביה ה-13

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20056

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F M)	Food Type *
FOONBERG	HAROLD		X	01 - REGULAR 02 - VEGETARIAN

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
032707084	01 02 03 04 05 06 07 08 09 10 11 12	516 N MAPLE DR

** 91

Profession / Occupation _____

**

Hotel HI

**

City	State	Zip
BEVERLEY HILLS	CA	90210

Country	Phone No.
USA	

Arrival _____ (Airline & Flight No.) _____ (Date) _____ (Time of Arrival)

**

Departure _____ (Airline & Flight No.) _____ (Date) _____ (Time of Departure)

**

To be Completed by Head of Family

ACCOMPANIED BY:

** 20055

ELEANORE — 032707083

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
		**
		**
		**

**
**
**
**

Signature

Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989
Please attach an identity photo to this entry form.

13th maccabiah
המכביה ה-13
ישראל 3-13.7.89

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20057

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F M)	Food Type * (01 - REGULAR, 02 - VEGETARIAN)
DENEWBERE	SIMON	12 04 34	M	

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
D185182	01 02 03 04 05 06 07 08 09 10 11 12	607 WAYFIELD RD

City	State	Zip
WYNNEWOOD	PA	19096

Country	Phone No.
USA	

Profession / Occupation: US SPONSOR ** 91

Hotel: HI **

Arrival: _____ (Airline & Flight No.) _____ (Date) _____ (Time of Arrival) **

Departure: _____ (Airline & Flight No.) _____ (Date) _____ (Time of Departure) **

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
		**
		**

To be Completed by Head of Family

ACCOMPANIED BY:

	**
	**
	**
	**
	**

Signature

Date

* Please Circle The Applicable

** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th maccabiah המכביה
israel 3-13.7.89 ישראל תשנ"ט ל' סיון - י"ח תמוז

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20061

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F M)	Food Type * (01 - REGULAR, 02 - VEGETARIAN)
GOOD	STEVEN C	10 10 42	M	

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
032224925	01 02 03 04 05 06 07 08 09 10 11 12	345 18th STREET

US SPONSOR

Profession / Occupation USPA ** 91

Hotel HI **

City	State	Zip
SANTA MONICA	CA	90402

Country	Phone No.
USA	

Arrival _____ Airline & Flight No. ** _____ Date _____ Time of Arrival _____

Departure _____ Airline & Flight No. _____ Date _____ Time of Departure _____

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
		**
		**

To be Completed by Head of Family

ACCOMPANIED BY:

W	BARI 25.08.43 032224703	** 20058
M	BRIAN 13.08.70 032275557	** 20059
W	KATHERINE 23.02.72 033050940	** 20060
		**
		**

_____ Signature

_____ Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989
Please attach an identity photo to this entry form.

13th maccabiah המכביה

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20067

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F M)	Food Type * (01 - REGULAR, 02 - VEGETARIAN)
SCHOENFELD	FRED	09 04 36	M	

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
D2022825O	01 02 03 04 05 06 07 08 09 10 11 12	303 MERCER ST

City	State	Zip
NEW YORK	NY	10003

Country	Phone No.

Profession / Occupation US SPONSOR ** 911

Hotel HI **

Arrival _____ Airline & Flight No. ** _____ Date _____ Time of Arrival _____

Departure _____ Airline & Flight No. _____ Date _____ Time of Departure _____

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**

To be Completed by Head of Family

ACCOMPANIED BY:

				**
MARLENE	10.07.39	6095726	W	20062
BRUCE	08.02.66	F2037956	M	20063
DEBORAH HARTSTEIN	30.01.63	061-58809	W	20064
RACHEL HARTSTEIN	25.02.68	06043626	W	20065
NAOMI HARTSTEIN	04.08.72	060425716	W	20066

Signature

Date

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

* Please Circle The Applicable

** For Office Use Only

13th maccabiah
המכביה ה13
israel 3-13.7.89 ישראל

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20072

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F M)	Food Type *
HAHN	ALAN	09 06 41	X	01 - REGULAR 02 - VEGETARIAN

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
F940147	01 02 03 04 05 06 07 08 09 10 11 12	4445 ALTA TUPELO DRIVE

US SPONSOR

Profession / Occupation PUBLISHER ** 91

Hotel HJ **

City	State	Zip
CALABASAS	CA	91302

Country	Phone No.
USA	

Arrival _____ Airline & Flight No. ** _____ Date _____ Time of Arrival _____

Departure _____ Airline & Flight No. _____ Date _____ Time of Departure _____

To be Completed by Head of Family

ACCOMPANIED BY:

W	LINDA 08.05.47 A377372	** 20068
M	JOSHUA D. 21.03.75 6418162	** 20070
M	ZACHARY 13.02.76 6418163	** 20071
		**
		**

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	
		**
		**
		**

_____ Signature

_____ Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th maccabiah המכביה

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20076

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F / M)	Food Type * (01 - REGULAR, 02 - VEGETARIAN)
GROSSMAN	BETSY	21 07 45		

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
12190916	01 02 03 04 05 06 07 08 09 10 11 12	9106 FALLS BRIDGE LANE

US SPONSOR

Profession / Occupation EXECUTIVE ** 91

**

Hotel HI

**

City	State	Zip
POTOMAC	MD	20854

Country	Phone No.
USA	

Arrival _____ (Airline & Flight No.) _____ (Date) _____ (Time of Arrival)

**

Departure _____ (Airline & Flight No.) _____ (Date) _____ (Time of Departure)

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	
		**
		**
		**

To be Completed by Head of Family

ACCOMPANIED BY:

W	RobBee	19.10.70 012211427	** 20073
W	WENDI	16.09.73 012190917	** 20074
M	GEOFFREY	10.04.76	** 20075
			**
			**

Signature

Date

* Please Circle The Applicable

** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th maccabiah המכביה
ישראל 3-13.7.89

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20080

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F M)	Food Type * (01 - REGULAR, 02 - VEGETARIAN)
GROFF	STEPHEN	22 03 33	X	

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
070937928	01 02 03 04 05 06 07 08 09 10 11 12	1950 RICHARD IRVINE PKWY

Profession / Occupation: US SPONSOR ** 91

Hotel: HI **

City	State	Zip
TARPON SPRINGS	FL	34689

Country	Phone No.
USA	

Arrival: _____ (Airline & Flight No.) _____ (Date) _____ (Time of Arrival)

**

Departure: _____ (Airline & Flight No.) _____ (Date) _____ (Time of Departure)

To be Completed by Head of Family

ACCOMPANIED BY:

W	GEBENA 07.03.43 011216T	** 20077
W	MAIRHINDA 07.01.70 041965166	** 20078
M	MICHAEL GROFF 21.05.66	** 20079
		**
		**

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
		**
		**

Signature

Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989
Please attach an identity photo to this entry form.

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20083

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F M)	Food Type * (01 - REGULAR, 02 - VEGETARIAN)
GOLDSTEIN	MARK S	14 11 42	X	

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
013190559	01 02 03 04 05 06 07 08 09 10 11 12	9809 TIBRON COURT

US SPONSOR /

Profession / Occupation ATTORNEY ** 11

Hotel HZ **

City	State	Zip
POTOMAC	MD	20854

Country	Phone No.
USA	

Arrival _____ (Airline & Flight No.) _____ (Date) _____ (Time of Arrival)

**

Departure _____ (Airline & Flight No.) _____ (Date) _____ (Time of Departure)

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport

**
**
**

To be Completed by Head of Family

ACCOMPANIED BY:

JENNIFER	22.01.75	013273258	** 20081
FAITH	31.10.42	013190560	** 20082
			**
			**
			**

Signature

Date

* Please Circle The Applicable

** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th maccabiah המכביה
israel 3-13.7.89 ישראל חמשת ימים-חמשה

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20087

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F M)	Food Type * (01 - REGULAR, 02 - VEGETARIAN)
GOLDFEIN	GARY	03 06 44	X	

Passport No.	Participation At Previous Maccabiot *
030654371	01 02 03 04 05 06 07 08 09 10 11 12

Address (No. - Street - Apt): 229 N CLIFFWOOD AVE

City: LOS ANGELES | State: CA | Zip: 90049

Country: USA | Phone No.:

** 91

Profession / Occupation: US SPONSOR

**

Hotel: HI

**

Arrival — Airline & Flight No. — Date — Time of Arrival

**

Departure — Airline & Flight No. — Date — Time of Departure

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
		**
		**

To be Completed by Head of Family

ACCOMPANIED BY:

LINDA 23.11.47 030655633		** 20084
COURTNEY 08.05.74 032800512		** 20085
KEVIN 16.12.76 032800513		** 20086
		**
		**

Signature

Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th maccabiah
המכביה ה-13

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20091

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F M)	Food Type * (01 - REGULAR, 02 - VEGETARIAN)
GLASSMAN	DAVID	07 03 40	X	

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
041461451	01 02 03 04 05 06 07 08 09 10 11 12	4721 NORTH 36 COURT

Profession / Occupation US SPONSOR ** 91

Hotel HI **

City	State	Zip
HOLLYWOOD	FL	33021

Country	Phone No.
USA	

Arrival _____ Airline & Flight No. ** _____ Date _____ Time of Arrival _____

Departure _____ Airline & Flight No. _____ Date _____ Time of Departure _____

To be Completed by Head of Family

ACCOMPANIED BY:

HELEN	23.06.41	041461452	** 20088
REBECCA	31.01.70	041472218	** 20090
			**
			**
			**

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	
		**
		**
		**

Signature _____

Date _____

* Please Circle The Applicable

** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th maccabiah
המכביה ה13

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20093

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F M)	Food Type *
FOX	ERIC	29 06 62	X	01 - REGULAR 02 - VEGETARIAN

Passport No.	Participation At Previous Maccabiot *
	01 02 03 04 05 06 07 08 09 10 11 12

Address (No. - Street - Apt): 1709 ASCOT WAY A

City: RESTON State: VA Zip: 22090

Country: USA Phone No.:

Professional Associate Director
Profession / Occupation Executive Director ** 91

Hotel HI ** -

**

Arrival _____ Airline & Flight No. _____ Date _____ Time of Arrival _____

**

Departure _____ Airline & Flight No. _____ Date _____ Time of Departure _____

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
		**
		**

To be Completed by Head of Family

ACCOMPANIED BY:

CAROL 30.09.64 013941635 ** 20092

Alexander **

**

**

**

Signature _____

Date _____

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989
Please attach an identity photo to this entry form.

13th maccabiah המכביה

ישראל 3-13.7.89

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20095

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F M)	Food Type * (01 - REGULAR, 02 - VEGETARIAN)
FOX	ALLEN	29 1 36	X	

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
100039975	01 02 03 04 05 06 07 08 09 10 11 12	1609 OLD WELSH RD

City	State	Zip
HUNTINGDON VALLEY	PA	19006

Country	Phone No.
USA	

** 91

Profession / Occupation US SPONSOR

**

Hotel

**

Arrival — Airline & Flight No. — Date — Time of Arrival

**

Departure — Airline & Flight No. — Date — Time of Departure

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
		**
		**

To be Completed by Head of Family

ACCOMPANIED BY:

	**
SUZAN 13.11.45 100039274	20094
	**
	**
	**
	**

Signature

Date

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

* Please Circle The Applicable

** For Office Use Only

13th maccabiah המכביה

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20096

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F M)	Food Type *
FOX	LORI	05 04 61	X	01 - REGULAR 02 - VEGETARIAN

Passport No.	Participation At Previous Maccabiot *
070281210	01 02 03 04 05 06 07 08 09 10 11 12

Address (No. - Street - Apt): 8798 DUVEEN DRIVE

City: WYNDMOOR State: PA Zip: 19118

Country: USA Phone No.:

** 91

Profession / Occupation

**

Hotel

**

Arrival — Airline & Flight No. — Date — Time of Arrival

**

Departure — Airline & Flight No. — Date — Time of Departure

To be Completed by Head of Family

ACCOMPANIED BY:

**

**

**

**

**

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport

**

**

**

Signature

Date

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

* Please Circle The Applicable

** For Office Use Only

13th maccabiah המכביה

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20098

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F / M)	Food Type * (01 - REGULAR, 02 - VEGETARIAN)
FOX	PAUL	13 1 59	X	

Passport No.	Participation At Previous Maccabiot *
F831009	01 02 03 04 05 06 07 08 09 10 11 12

Address (No. - Street - Apt): 350 PROSPECT AVE APT 502

** 91

Profession / Occupation [illegible]

**

Hotel

**

City	State	Zip
HACKENSACK	NJ	07601

Country	Phone No.
USA	

Arrival — Airline & Flight No. — Date — Time of Arrival

**

Departure — Airline & Flight No. — Date — Time of Departure

**

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
		**
		**

To be Completed by Head of Family

ACCOMPANIED BY:

STEPHANIE	26.05.59	F845061	** 20097
[illegible]			**
			**
			**
			**

Signature

Date

* Please Circle The Applicable

** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th maccabiah המכביה

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20100

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F / M)	Food Type * (01 - REGULAR, 02 - VEGETARIAN)
FELDMAN	HOWARD	02 06 35	X	

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
041619532	01 02 03 04 05 06 07 08 09 10 11 12	1645 PALM BEACH LAKES 1100

City	State	Zip
WEST PALM BEACH	FL	33401

Country	Phone No.
USA	

Profession / Occupation: US SPONSOR ** 91

Hotel **

Arrival — Airline & Flight No. ** — Date — Time of Arrival

Departure — Airline & Flight No. — Date — Time of Departure

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	
		**
		**
		**

To be Completed by Head of Family

ACCOMPANIED BY:

SUZANNE	02.10.42	041619533	** 20099
			**
			**
			**
			**

Signature

Date

* Please Circle The Applicable

** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th maccabiah
המכביה ה13
ישראל 3-13.7.89

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20102

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F M)	Food Type * (01 - REGULAR, 02 - VEGETARIAN)
DWORKIN	SIDNEY	13 01 21	M	

Passport No.	Participation At Previous Maccabiot *
042370328	01 02 03 04 05 06 07 08 09 10 11 12

Address (No. - Street - Apt): 7300 VALLEY VIEW

City: HUDSON State: OH Zip: 44236

Country: USA Phone No.:

** 91

Profession / Occupation: US SPONSOR

**

Hotel

**

Arrival — Airline & Flight No. — Date — Time of Arrival

**

Departure — Airline & Flight No. — Date — Time of Departure

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
		**
		**

To be Completed by Head of Family

ACCOMPANIED BY:

	**
DORIS R. 13.11.22 012508521	20101
	**
	**
	**
	**

Signature

Date

* Please Circle The Applicable

** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20104

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F M)	Food Type * (01 - REGULAR, 02 - VEGETARIAN)
DALFEN	ALLAN	31 03 43	X	

Passport No.	Participation At Previous Maccabiot *
EM-113396	01 02 03 04 05 06 07 08 09 10 11 12

Address (No. - Street - Apt): 467 S. RODEO DRIVE

City: BEVERLEY HILLS State: CA Zip: 90212

Country: USA Phone No.:

Profession / Occupation: US SPONSOR ** 91

Hotel: **

Arrival: _____ Airline & Flight No. ** _____ Date _____ Time of Arrival _____

Departure: _____ Airline & Flight No. _____ Date _____ Time of Departure _____

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	
		**
		**
		**

To be Completed by Head of Family

ACCOMPANIED BY:

CECILE 07.06.46 XR192089	** 20103
	**
	**
	**
	**

Signature _____ Date _____

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th maccabiah המכביה

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20108

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F M)	Food Type * (01 - REGULAR, 02 - VEGETARIAN)
CLOOBECK	SHELDON H.	16 05 33	X	

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
031635683	01 02 03 04 05 06 07 08 09 10 11 12	4752 PARK ENCINO LANE 312

Profession / Occupation US SPONSOR ** 11

Hotel **

City	State	Zip
ENCINO	CA	91436

Country	Phone No.
USA	

Arrival — Airline & Flight No. ** — Date — Time of Arrival

Departure — Airline & Flight No. — Date — Time of Departure

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**

To be Completed by Head of Family

ACCOMPANIED BY:

	**
MARCIA 18.10.43 030959701	20105
	**
STEPHEN 26.10.61 032731344	20106
	**
AMY RUBINROIT 13.07.70 032717092	20107

Signature

Date

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

* Please Circle The Applicable

** For Office Use Only

13th maccabiah המכביה
ישראל 3-13.7.89

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20113

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F M)	Food Type *
BRENNER	RAY	23 03 49	X	01 - REGULAR 02 - VEGETARIAN

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
060488074	01 02 03 04 05 06 07 08 09 10 11 12	10 EAST END AVE

City	State	Zip
NEW YORK	NY	

Country	Phone No.

Profession / Occupation US SPONSOR ** 91

Hotel **

Arrival _____ Airline & Flight No. ** _____ Date _____ Time of Arrival _____

Departure _____ Airline & Flight No. ** _____ Date _____ Time of Departure _____

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	
		**
		**
		**

To be Completed by Head of Family

ACCOMPANIED BY:

RUTH 27.06.52	062346821	** 20109
GREGORY 03.05.77	F6158 47	** 20110
ADAM 09.03.79	F656288	** 20111
JASON 31.01.83	062345796	** 20112
		**

Signature

Date

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

* Please Circle The Applicable

** For Office Use Only

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC ____ ** 20141

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F / M)	Food Type * (01 - REGULAR, 02 - VEGETARIAN)
BORENSTEIN	HENRY	14 03 49	X	

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
031701100	01 02 03 04 05 06 07 08 09 10 11 12	658 VIA SANTA YNEZ

Profession / Occupation: US SPONSOR ** 91

Hotel: HI ** ____

City	State	Zip
PACIFIC PALISADES	CA	90272

Country	Phone No.
USA	

Arrival ____ (Airline & Flight No.) ____ (Date) ____ (Time of Arrival) ** ____

Departure ____ (Airline & Flight No.) ____ (Date) ____ (Time of Departure) ** ____

To be Completed by Head of Family

ACCOMPANIED BY:

JUDY	13.09.49	031701101	** 26135
JENNY	11.11.76	031701102	** 20139
SCOTT	20.01.78	031701103	** 20140
			**
			**

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	
		**
		**
		**

Signature ____ Date ____

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th maccabiah המכביה

ישראל תשנ"ט • 13th maccabiah 89 • Israel

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20144

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F M)	Food Type *
BLOOMBERE	JEROME	200937	X	01 - REGULAR 02 - VEGETARIAN

Passport No.	Participation At Previous Maccabiot *
E1887426	01 02 03 04 05 06 07 08 09 10 11 12

Address (No. - Street - Apt): 16 BRAMBLE LANE

City: MELVILLE State: NY Zip: 11747

Country: USA Phone No.:

** 11

Profession / Occupation: UC SPONSOR

**

Hotel: _____

**

Arrival: _____ (Airline & Flight No.) _____ (Date) _____ (Time of Arrival)

**

Departure: _____ (Airline & Flight No.) _____ (Date) _____ (Time of Departure)

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
		**
		**

To be Completed by Head of Family

ACCOMPANIED BY:

			**
SANDI	26.01.40	C1887425	28442
LEE	25.08.67	062330834	** 20143
			**
			**
			**

Signature

Date

* Please Circle The Applicable

** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th maccabiah המכביה

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20146

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F M)	Food Type * (01 - REGULAR, 02 - VEGETARIAN)
BLIVAS	DARNOLD	18 12 24	X	

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
030838337	01 02 03 04 05 06 07 08 09 10 11 12	1047 NAPOLI DRIVE

City	State	Zip
PACIFIC PALISA	CA	90272

Country	Phone No.
USA	

Profession / Occupation US SPONSOR **

Hotel HILTON **

**

Arrival _____ _____ _____
Airline & Flight No. Date Time of Arrival

**

Departure _____ _____ _____
Airline & Flight No. Date Time of Departure

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
		**
		**

To be Completed by Head of Family

ACCOMPANIED BY:

			**
PHYLLIS	030838341	30.4.28	20145
			**
			**
			**
			**

_____
Signature

_____
Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th maccabiah המכביה
ישראל 3-13.7.89

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20152

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F M)	Food Type * (01 - REGULAR, 02 - VEGETARIAN)
BATCHLEY	RICHARD	29 03 43	X	

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
032144800	01 02 03 04 05 06 07 08 09 10 11 12	5085 AMESTOY AVENUE

Profession / Occupation US SPONSOR **

Hotel HILTON **

**

City	State	Zip
ENCINO	CA	91316

Country	Phone No.
USA	

Arrival _____ (Airline & Flight No.) _____ (Date) _____ (Time of Arrival)

**

Departure _____ (Airline & Flight No.) _____ (Date) _____ (Time of Departure)

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
		**
		**

To be Completed by Head of Family

ACCOMPANIED BY:

	PPORT		AGE	**
ARLENE	17.09.46	032144801		20147
MICHELLE		070243324	18.05.71	20148
BONNIE		070243325	18.05.71	20149
GARY			14.03.74	20150
SHAUN			16.12.78	20151

Signature

Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th maccabiah המכביה

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20154

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F / M)	Food Type *
BASS	LEWIS	05 06 21	X	01 - REGULAR 02 - VEGETARIAN

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
085533136	01 02 03 04 05 06 07 08 09 10 11 12	5100 BROWNSBORO RD STE 132

City	State	Zip
LOUISVILLE	KY	40241

Country	Phone No.
USA	

Profession / Occupation US SPONSOR **

Hotel HILTON **

**

Arrival _____ (Airline & Flight No.) _____ (Date) _____ (Time of Arrival)

**

Departure _____ (Airline & Flight No.) _____ (Date) _____ (Time of Departure)

**

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
		**
		**

To be Completed by Head of Family

ACCOMPANIED BY:

GLADYS	PASSPORT 085533137	** 20153
	31.08.26	**
		**
		**
		**

_____
Signature

_____
Date

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

* Please Circle The Applicable
** For Office Use Only

13th maccabiah
המכביה ה13

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20156

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F / M)	Food Type *
ATLAS	SIMON	13 06 32	X	01 - REGULAR 02 - VEGETARIAN

Passport No.	Participation At Previous Maccabiot *
011518141	01 02 03 04 05 06 07 08 09 10 11 12

Address (No. - Street - Apt): 8314 MEADOWLARK LANE

City: BETHESDA | State: MD | Zip: 20817

Country: USA | Phone No.:

Profession / Occupation: US SPONSOR **

Hotel: HILTON **

Arrival: _____ (Airline & Flight No.) _____ (Date) _____ (Time of Arrival) **

Departure: _____ (Airline & Flight No.) _____ (Date) _____ (Time of Departure) **

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
		**
		**

To be Completed by Head of Family

ACCOMPANIED BY: ** PASSPORT

ELLEN 01.10.33 012223612 ** 20155

**

**

**

_____
Signature

_____
Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th maccabiah המכביה

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC: USA ** 20158

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F M)	Food Type * (01 - REGULAR, 02 - VEGETARIAN)
APTER	NATHANIEL S	10 05 13	X	

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
080797178	01 02 03 04 05 06 07 08 09 10 11 12	3015 N. OCEAN BLVD 146

City	State	Zip
FORT LAUDERDALE	FL	33308

Country	Phone No.
USA	

Profession / Occupation: US SPONSOR **

Hotel: HILTON **

Arrival: _____ (Airline & Flight No.) _____ (Date) _____ (Time of Arrival) **

Departure: _____ (Airline & Flight No.) _____ (Date) _____ (Time of Departure)

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
		**
		**

To be Completed by Head of Family

ACCOMPANIED BY:

		**
VALERIE V.	041301669 PPORT	2017 **
	13.02.23	**
		**
		**
		**

_____
Signature

25.5.89
Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th maccabiah המכביה
ישראל 3-13.7.89

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20161

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F / M)	Food Type * (01 - REGULAR, 02 - VEGETARIAN)
LABKON	MARK	18 10 44	M: X	

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
022977121	01 02 03 04 05 06 07 08 09 10 11 12	635 DRIFTWOOD LANE

City	State	Zip
NORTHBROOK	IL	60062

Country	Phone No.
USA	

Profession / Occupation: US SPONSOR **

Hotel: **

Arrival: Airline & Flight No. ** | Date | Time of Arrival

Departure: Airline & Flight No. ** | Date | Time of Departure

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
		**
		**

To be Completed by Head of Family

ACCOMPANIED BY:

				**
W	MARILYN	30.05.44	022223787	20159
M	HOWARD	02.11.67	022977120	20160

Signature

Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th maccabiah המכביה
ישראל 3-13.7.89

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20163

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F M)	Food Type * (01 - REGULAR, 02 - VEGETARIAN)
LABKON	SAM	16 12 15	X	

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
041023301	01 02 03 04 05 06 07 08 09 10 11 12	3101 PORTOFINO POINT

City	State	Zip
COCONUT CREEK	FL	33066

Country	Phone No.

** Profession / Occupation _____

** Hotel _____

**

Arrival _____ (Airline & Flight No.) _____ (Date) _____ (Time of Arrival)

**

Departure _____ (Airline & Flight No.) _____ (Date) _____ (Time of Departure)

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
		**
		**

To be Completed by Head of Family

ACCOMPANIED BY:

	**
W FLORENCE 15.10.17 041233302	20162
	**
	**
	**
	**

_____
Signature

_____
Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th maccabiah המכביה

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20166

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F M)	Food Type *
LANE	SCOTT	27 01 51	X	01 - REGULAR 02 - VEGETARIAN

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
031130972	01 02 03 04 05 06 07 08 09 10 11 12	23652 TAMPICO RAY

City	State	Zip
LAGUNA NIGUEL	CA	92677

Country	Phone No.
USA	

Profession / Occupation US SPONSOR **

Hotel **

Arrival _____ Date _____ Time of Arrival _____
Airline & Flight No. **

Departure _____ Date _____ Time of Departure _____
Airline & Flight No. **

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	
		**
		**
		**

To be Completed by Head of Family

ACCOMPANIED BY:

W JAN 26.02.57 033136450 ** 20165

	**
	**
	**

Signature

Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th maccabiah המכביה
ישראל תשמדט ל"קין · יתחה 1989 ב-3 Israel 13th-1989

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20168

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F / M)	Food Type *
LEVINE	IRVING	25 09 21	M	01 - REGULAR 02 - VEGETARIAN

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
F160704	01 02 03 04 05 06 07 08 09 10 11 12	120 HILLSIDE AVE

City	State	Zip
REHOBOTH	MA	02769

Country	Phone No.
USA	

Profession / Occupation US SPONSOR **

**

Hotel _____

**

Arrival _____ (Airline & Flight No.) _____ (Date) _____ (Time of Arrival)

**

Departure _____ (Airline & Flight No.) _____ (Date) _____ (Time of Departure)

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
		**
		**

To be Completed by Head of Family

ACCOMPANIED BY:

	**
[illegible]	
BERNICE 02.10.25 F160705	** 20167
	**
	**
	**

_____
Signature

_____
Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th maccabiah המכביה
ישראל 3-13.7.89

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20170

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F M)	Food Type *
LEVITT	BARRY	25 02 31	X	01 - REGULAR 02 - VEGETARIAN

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
032507033	01 02 03 04 05 06 07 08 09 10 11 12	452 S BUNDY DRIVE

Profession / Occupation US SPONSOR **

Hotel **

City	State	Zip
LOS ANGELES	CA	90049

Country	Phone No.
USA	

Arrival _____ Airline & Flight No. ** _____ Date _____ Time of Arrival _____

Departure _____ Airline & Flight No. ** _____ Date _____ Time of Departure _____

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
		**
		**

To be Completed by Head of Family

ACCOMPANIED BY:

	**
W EVELYN 04.04.32 032507034	20169
	**
	**
	**
	**

Signature _____ Date _____

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th maccabiah המכביה

ישראל 3-13.7.89

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20173

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F / M)	Food Type * (01 - REGULAR, 02 - VEGETARIAN)
LISSY	BARBARA	26 02 47	X	

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
011356086	01 02 03 04 05 06 07 08 09 10 11 12	816 CARPENTER LANE

Profession / Occupation: US SPONSOR / ~~VOLUNTEER~~ Exec. Director USCSFI **

Hotel **

City	State	Zip
PHILADELPHIA	PA	19119

Country	Phone No.

Arrival — Airline & Flight No. ** — Date — Time of Arrival

Departure — Airline & Flight No. ** — Date — Time of Departure

To be Completed by Head of Family

ACCOMPANIED BY:

W JESSICA 14.07.73 J047757 091069440 ** 20171

W ELLEN ROSENBERE 12.03.83 ** 20172

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
		**
		**
		**

Signature

Date

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

* Please Circle The Applicable

** For Office Use Only

13th maccabiah המכביה
israel 3-13.7.89 ישראל 3-13.7.89

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20175

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F M)	Food Type * (01 - REGULAR, 02 - VEGETARIAN)
MARGOLIS	EDWARD L	02 10 37	X	

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
061228974	01 02 03 04 05 06 07 08 09 10 11 12	1005 DARTMOUTH LANE

City	State	Zip
WOODMERE	NY	11598

Country	Phone No.
USA	

Profession / Occupation US SPONSOR **

Hotel **

Arrival _____ Date _____ Time of Arrival _____
Airline & Flight No. **

Departure _____ Date _____ Time of Departure _____
Airline & Flight No. **

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	
		**
		**
		**

To be Completed by Head of Family

ACCOMPANIED BY:

WHEATHER 15.10.42 061230492	** 20174
	**
	**
	**
	**

Signature

Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th maccabiah המכביה

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20177

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F M)	Food Type *
FRENBERE	DOUGLAS	05 04 51	X	01 - REGULAR 02 - VEGETARIAN

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
	01 02 03 04 05 06 07 08 09 10 11 12	1525 SKYLARK LANE

City	State	Zip
LOS ANGELES	CA	90069

Country	Phone No.
USA	

Profession / Occupation US SPONSOR **

Hotel **

Arrival _____ Airline & Flight No. ** _____ Date _____ Time of Arrival

Departure _____ Airline & Flight No. _____ Date _____ Time of Departure

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	
		**
		**
		**

Signature

To be Completed by Head of Family

ACCOMPANIED BY:

FELICE MANCINI 04.05.52 031750629	** 20176
	**
	**
	**
	**

Date

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

* Please Circle The Applicable

** For Office Use Only

13th maccabiah המכביה

ישראל 3-רבוד 88 ת"ד-יתמוד

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20180

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F M)	Food Type * (01 - REGULAR, 02 - VEGETARIAN)
CRENBERG	~~FFEFFER~~ ALAN	28 04 50 ~~01 02 48~~	M	

Passport No.	Participation At Previous Maccabiot * (01 02 03 04 05 06 07 08 09 10 11 12)
031909912 ~~033008195~~	

Address (No. - Street - Apt): ~~SS~~ N VENICE BLVD APT 301

City: VENICE State: CA Zip: 90291

Country: USA Phone No.:

~~NAMMA~~ UC SPONSOR ~~NAMMA~~

Profession / Occupation ~~NAMMA~~

**

Hotel

**

Arrival _____ Date _____ Time of Arrival _____

Airline & Flight No.

**

Departure _____ Date _____ Time of Departure _____

Airline & Flight No.

To be Completed by Head of Family

ACCOMPANIED BY:

Name	Sport	**
ILYA 03.04.79 03308194		** 20178
~~ALEXANDRA~~ ~~KRUSKOVA~~		**
VICTOR ~~ALEXANDRA~~ 09.02.78 03308195		** 20179
		**
		**

If Family Members are Athletes or part of a Delegation please give details:

Signature

Date

* Please Circle The Applicable

** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th maccabiah המכביה
ישראל 3-כ.ב.89

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20181

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F M)	Food Type *
TOSE	ANDREA	07 09 24	X	01 - REGULAR 02 - VEGETARIAN

Passport No.	Participation At Previous Maccabiot *
032174148	01 02 03 04 05 06 07 08 09 10 11 12

Address (No. - Street - Apt): 109 MALIBU COLONY RD

City: MALIBU State: CA Zip: 90265

Country: USA Phone No.:

MOTHER TO US SPONSOR DOUGLAS **

Profession / Occupation: ERENBERG **

Hotel: **

Arrival: Airline & Flight No. ** Date Time of Arrival

Departure: Airline & Flight No. Date Time of Departure

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
		**
		**

To be Completed by Head of Family

ACCOMPANIED BY:

	**
DOUGLAS TOSE	**
	**
	**
7	**

Signature

Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989
Please attach an identity photo to this entry form.

13th maccabiah המכביה

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20182

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F / M)	Food Type *
MERRICK	DIANE	09 11 36	X	01 - REGULAR 02 - VEGETARIAN

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
	01 02 03 04 05 06 07 08 09 10 11 12	8588 MELROSE AVE

Profession / Occupation [illegible] **

[illegible] **

Hotel ____ **

City	State	Zip
LOS ANGELES	CA	90069

Country	Phone No.
USA	

Arrival ____ Airline & Flight No. **

____ Date

____ Time of Arrival

Departure ____ Airline & Flight No.

____ Date

____ Time of Departure

To be Completed by Head of Family

ACCOMPANIED BY:

[illegible] [illegible]

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	
		**
		**
		**

	**
	**
	**
	**

Signature

Date

* Please Circle The Applicable

** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th maccabiah המכביה
israel 3-13.7.89 ישראל 3-13.7.89

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20184

V.I.P.

Family Name	First Name	Date of birth Day Month Year	Sex F M	Food Type * 01 - REGULAR 02 - VEGETARIAN
REFF	ALBERT	22 01 44		X

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
030522318	01 02 03 04 05 06 07 08 09 10 11 12	4265 MARINA DRIVE CITY

City	State	Zip
MARINA DEL REY	CA	90292

Country	Phone No.
USA	

Profession / Occupation US SPONSOR **

Hotel **

Arrival _____ Airline & Flight No. ** _____ Date _____ Time of Arrival

Departure _____ Airline & Flight No. _____ Date _____ Time of Departure

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
		**
		**

To be Completed by Head of Family

ACCOMPANIED BY:

	**
ROBIN MEILI 25.05.57	20183
032416713	**
	**
	**
	**

Signature

Date

* Please Circle The Applicable

** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th maccabiah המכביה

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20186

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F M)	Food Type * (01 - REGULAR, 02 - VEGETARIAN)
REIFMAN	LEONARD	14 1 34	X	

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
030797268	01 02 03 04 05 06 07 08 09 10 11 12	607 S HILL ST, STE 512

Profession / Occupation: US SPONSOR **

Hotel: **

City	State	Zip
LOS ANGELES	CA	90014

Country	Phone No.
USA	

Arrival: Airline & Flight No. ** | Date | Time of Arrival

Departure: Airline & Flight No. ** | Date | Time of Departure

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
		**
		**

To be Completed by Head of Family

ACCOMPANIED BY:

	**
ESTHER LY 06.08.39 030885518	20185
LYNN	20577 **
	**
	**

Signature

Date

* Please Circle The Applicable

** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20188

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F / M)	Food Type * (01 - REGULAR, 02 - VEGETARIAN)
MICHAELS	BERNARD	14 01 33	X	

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
D1819388	01 02 03 04 05 06 07 08 09 10 11 12	101 W. 79th ST

City	State	Zip
NEW YORK	NY	10024

Country	Phone No.
USA	

Profession / Occupation: US SPONSOR **

Hotel: **

Arrival: Airline & Flight No. ** | Date | Time of Arrival

Departure: Airline & Flight No. ** | Date | Time of Departure

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
		**
		**

To be Completed by Head of Family

ACCOMPANIED BY:

			**
LYNN	12.09.44	D1819387	20187
			**
			**
			**
			**

Signature

Date

* Please Circle The Applicable

** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th maccabiah המכביה

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20190

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F M)	Food Type * (01 - REGULAR, 02 - VEGETARIAN)
MILLER	MELVYN	25 03 39	M	

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
060021971	01 02 03 04 05 06 07 08 09 10 11 12	914 EXETER CREST

Profession / Occupation US SPONSOR **

Hotel **

City	State	Zip
VILLANOVA	PA	19085

Country	Phone No.
USA	

Arrival _____ Airline & Flight No. ** _____ Date _____ Time of Arrival _____

Departure _____ Airline & Flight No. _____ Date _____ Time of Departure _____

To be Completed by Head of Family

ACCOMPANIED BY:

ILENE 05.12.41 060021922 ** 20189

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
		**
		**

	**
	**
	**
	**

Signature _____ Date _____

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th maccabiah המכביה

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20191

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F M)	Food Type * (01 - REGULAR, 02 - VEGETARIAN)
MISHER	SUZANNE	29 11 43	X	

Passport No.	Participation At Previous Maccabiot *
090696462	01 02 03 04 05 06 07 08 09 10 11 12

Address (No. - Street - Apt): 61 E LEVERING MILL RD

City: BALA CYNWYD | State: PA | Zip: 19004

Country: USA | Phone No.:

Profession / Occupation: US SPONSOR **

Hotel: **

Arrival: _____ (Airline & Flight No.) _____ (Date) _____ (Time of Arrival)
**

Departure: _____ (Airline & Flight No.) _____ (Date) _____ (Time of Departure)

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	
		**
		**
		**

To be Completed by Head of Family

ACCOMPANIED BY:

	**
	**
	**
	**
	**

Signature

Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989
Please attach an identity photo to this entry form.

13th maccabiah המכביה

ישראל 3-13.7.89 · 13th maccabiah המכביה

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC: USA

** 20194

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F / M)	Food Type * (01 - REGULAR, 02 - VEGETARIAN)
MONKARSH	JERRY	10636	X	

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
031537971	01 02 03 04 05 06 07 08 09 10 11 12	2292 BETTY LANE

City	State	Zip
BEVERLEY HILLS	CA	90210

Country	Phone No.
USA	

Profession / Occupation: US SPONSORS **

Hotel: **

Arrival: Airline & Flight No. ** | Date | Time of Arrival

Departure: Airline & Flight No. | Date | Time of Departure

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
		**
		**

To be Completed by Head of Family

ACCOMPANIED BY:

	**
JOY 26.03.40 033155289	20192
JULIE 19.11.66 030831107	** 20193
[illegible]	**
[illegible]	**
[illegible]	**

Signature

Date

* Please Circle The Applicable

** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th maccabiah המכביה
ישראל 13-בג'.89-יחנה ראשון

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20196

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F / M)	Food Type * (01 - REGULAR, 02 - VEGETARIAN)
MONKARSH	JON	140364	X	

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
031742951	01 02 03 04 05 06 07 08 09 10 11 12	11363 BURNHAM ST

Ambassador Hotel

**

Profession / Occupation MONKARSH

**

Hotel

**

City	State	Zip
LOS ANGELES	CA	90049

Country	Phone No.
USA	

Arrival _____ Airline & Flight No. _____ Date _____ Time of Arrival _____

**

Departure _____ Airline & Flight No. _____ Date _____ Time of Departure _____

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
		**
		**

To be Completed by Head of Family

ACCOMPANIED BY:

HEIDI FREEMAN 20.11.64

033162269

**
20195
**
**
**
**

Signature

Date

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

* Please Circle The Applicable

** For Office Use Only

13th maccabiah
המכביה ה-13
ישראל 3-14 ביולי 1989

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 26197

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F / M)	Food Type *
NADASI	JOHN	15 05 33	X	01 - REGULAR 02 - VEGETARIAN

Passport No.	Participation At Previous Maccabiot *
090534972	01 02 03 04 05 06 07 08 09 10 11 12

Address (No. - Street - Apt): 12 TIBBITS LANE

City: SANDS POINT State: NY Zip: 11050

Country: USA Phone No.:

Profession / Occupation: US SPONSOR **

Hotel: **

Arrival: Airline & Flight No. ** Date Time of Arrival

Departure: Airline & Flight No. Date Time of Departure

To be Completed by Head of Family

ACCOMPANIED BY: **

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
		**
		**

Signature

Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th maccabiah המכביה
israel 13-בכ.89 ישראל חשבדש"ל-יתנה

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20199

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F M)	Food Type *
NEWMAN	SHEILA	150828	X	01 - REGULAR 02 - VEGETARIAN

Passport No.	Participation At Previous Maccabiot *
SH143097	01 02 03 04 05 06 07 08 09 10 11 12

Address (No. - Street - Apt): 34 ROCK CLIFF RD,

City: ST CATHERINES State: ONTARIO Zip: L2R3T3

Country: CANADA Phone No.:

Profession / Occupation: HS SPONSOR **

Hotel: **

Arrival: _____ Airline & Flight No. ** _____ Date _____ Time of Arrival _____

Departure: _____ Airline & Flight No. _____ Date _____ Time of Departure _____ **

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	
		**
		**
		**

To be Completed by Head of Family

ACCOMPANIED BY:

ABBEY 03.09.56 EJ355921	** 20198
	**
	**
	**
	**

Signature _____ Date _____

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th maccabiah המכביה

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20200

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F M)	Food Type *
LEVY	ROBERT	30031	X	01 - REGULAR 02 - VEGETARIAN

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
F653320	01 02 03 04 05 06 07 08 09 10 11 12	542 MUIRFIELD RD

City	State	Zip
BRYN MAWR	PA	19010

Country	Phone No.
USA	

Profession / Occupation US SPONSOR **

Hotel **

Arrival _____ Date _____ Time of Arrival _____
Airline & Flight No.
**

Departure _____ Date _____ Time of Departure _____
Airline & Flight No.

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
		**
		**

To be Completed by Head of Family

ACCOMPANIED BY:

	**
	**
	**
	**
	**

Signature

Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989
Please attach an identity photo to this entry form.

13th maccabiah
המכביה ה-13
ישראל 3-13.7.89

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20202

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F M)	Food Type * (01 - REGULAR, 02 - VEGETARIAN)
PINCUS	DAVID	08 10 26	X	

Passport No.	Participation At Previous Maccabiot * (01 02 03 04 05 06 07 08 09 10 11 12)	Address (No. - Street - Apt)
E274502		1319 REMINGTON RD

City	State	Zip
WYNNEWOOD	PA	19096

Country	Phone No.
USA	

Profession / Occupation US SPONSOR **

**

Hotel **

Arrival _____ (Airline & Flight No.) _____ (Date) _____ (Time of Arrival)

**

Departure _____ (Airline & Flight No.) _____ (Date) _____ (Time of Departure)

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
		**
		**

To be Completed by Head of Family

ACCOMPANIED BY:

** 20201

GERRI 03.01.37 F388196

**

[illegible]

** 20203

IRENE RITTER 19.07.18 090891761

**

**

_____
Signature

_____
Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989
Please attach an identity photo to this entry form.

13th maccabiah המכביה

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20205

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F M)	Food Type * (01 - REGULAR, 02 - VEGETARIAN)
RABINOWITZ	SAMUEL	16 09 32	M	

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
090333740	01 02 03 04 05 06 07 08 09 10 11 12	1161 NORSAM RD

City	State	Zip
GLADWYNE	PA	19035

Country	Phone No.
USA	

Profession / Occupation US SPONSOR **

Hotel **

Arrival _____ Date _____ Time of Arrival _____
Airline & Flight No. **

Departure _____ Date _____ Time of Departure _____
Airline & Flight No. **

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
		**
		**

To be Completed by Head of Family

ACCOMPANIED BY:

	**
BOBBIE 01.09.35 090333739	20204
	**
	**
	**
	**

Signature

Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989
Please attach an identity photo to this entry form.

13th maccabiah
המכביה
Israel 3-13.7.89 ישראל 3-13.7.89

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20208

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F M)	Food Type * (01 - REGULAR, 02 - VEGETARIAN)
SINGER	JOSEPH	13 12 36	M	

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
041773446	01 02 03 04 05 06 07 08 09 10 11 12	19430 NE 21ST COURT

City	State	Zip
N MIAMI BEACH	FL	33179

Country	Phone No.
USA	

Profession / Occupation US SPONSOR **

Hotel **

Arrival _____ Date _____ Time of Arrival _____
Airline & Flight No. **

Departure _____ Date _____ Time of Departure _____
Airline & Flight No.

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	
		**
		**
		**

Signature

To be Completed by Head of Family

ACCOMPANIED BY:

ANN	04.06.40 041773445	** 20206
ROBERT ~~JOSEPH~~	19.09.68 042247935	** 20207
[illegible]		**
[illegible]		**
[illegible]		**

Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989
Please attach an identity photo to this entry form.

13th maccabiah המכביה

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20210

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F M)	Food Type * (01 - REGULAR, 02 - VEGETARIAN)
SINEER	DANIEL	22 10 60	X	

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
041443854	01 02 03 04 05 06 07 08 09 10 11 12	424 WEST END AVE #3D

City	State	Zip
NEW YORK	NY	10024

Country	Phone No.
USA	

** Profession / Occupation _____

** Hotel _____

**

Arrival _____ Airline & Flight No. _____ Date _____ Time of Arrival _____

**

Departure _____ Airline & Flight No. _____ Date _____ Time of Departure _____

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
		**
		**

To be Completed by Head of Family

ACCOMPANIED BY:

LINDA 25.07.60 040062250 ** 20209

Idadar Sinaer **

**

**

**

Signature

Date

* Please Circle The Applicable

** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th maccabiah המכביה
ישראל 3-13.7.89

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20214

V.I.P.

Family Name	First Name	Date of birth Day Month Year	Sex F M	Food Type * 01 - REGULAR 02 - VEGETARIAN
SLADE	EDWARD	05 10 44	X	

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
060552185	01 02 03 04 05 06 07 08 09 10 11 12	80 SOUTH RD

City	State	Zip
SANDS POINT	NY	11050

Country	Phone No.
USA	

Profession / Occupation US SPONSOR **

**

Hotel **

Arrival _____ _____ _____
Airline & Flight No. Date Time of Arrival
**

Departure _____ _____ _____
Airline & Flight No. Date Time of Departure

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
		**
		**

To be Completed by Head of Family

ACCOMPANIED BY:

DOT 24.06.45	060565882	** 20211
ANDREA 14.01.70	060908286	** 20212
RHEA 10.08.08	062075042	** 20213
		**
		**

_____
Signature

_____
Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989
Please attach an identity photo to this entry form.

13th maccabiah
המכביה ה-13
ישראל 3-13.7.89

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20218

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F M)	Food Type * (01 - REGULAR, 02 - VEGETARIAN)
SPINOWITZ	LAWRENCE	12 09 39	X	

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
F7627 14	01 02 03 04 05 06 07 08 09 10 11 12	14 CATALPA COURT

Profession / Occupation US SPONSOR **

Hotel **

City	State	Zip
BARDONIA	NY	10954

Country	Phone No.
USA	

Arrival ____ Airline & Flight No. ** ____ Date ____ Time of Arrival

Departure ____ Airline & Flight No. ____ Date ____ Time of Departure

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	
		**
		**
		**

To be Completed by Head of Family

ACCOMPANIED BY:

FRAN 22.06.41 F762715	** 20215
MARC 30.06.68 062339196	** 20216
ALISON 06.07.71 062289525	** 20217
	**
	**

Signature

Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th maccabiah המכביה
ישראל 3-13.7.89

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20219

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F M)	Food Type * (01 - REGULAR, 02 - VEGETARIAN)
STERN	LAWRENCE	290654	X	

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
070957413	01 02 03 04 05 06 07 08 09 10 11 12	400 KING ST

c/o CHIROPRACTIC OFFICES

City	State	Zip
CHAPPAQUA	NY	10514

Country	Phone No.
USA	

Profession / Occupation US SPONSOR **

Hotel **

Arrival _____ Date _____ Time of Arrival _____
Airline & Flight No.
**

Departure _____ Date _____ Time of Departure _____
Airline & Flight No.

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	
		**
		**
		**

To be Completed by Head of Family

ACCOMPANIED BY:

	**
	**
	**
	**
	**

Signature

Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989
Please attach an identity photo to this entry form.

13th maccabiah
המכביה ה-13

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20221

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F M)	Food Type * (01 - REGULAR, 02 - VEGETARIAN)
ROBERTS	NAT	170524	X	

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
011357574	01 02 03 04 05 06 07 08 09 10 11 12	8001 RISING MEADOW RD

Profession / Occupation [illegible] **

Hotel **

City	State	Zip
CHARLOTTE	NC	28226

Country	Phone No.
USA	

Arrival — Airline & Flight No. ** — Date — Time of Arrival

Departure — Airline & Flight No. — Date — Time of Departure

To be Completed by Head of Family

ACCOMPANIED BY:

W BERNICE 13.02.28 611354419 ** 20220

[illegible] **

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	
		**
		**
		**

Signature

Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989
Please attach an identity photo to this entry form.

13th maccabiah המכביה

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20223

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F M)	Food Type * (01 - REGULAR, 02 - VEGETARIAN)
SWIMMER	HARRY	08 11 29	X	

Passport No.	Participation At Previous Maccabiot *
011287016	01 02 03 04 05 06 07 08 09 10 11 12

Address (No. - Street - Apt): 725 PROVIDENCE RD

City: CHARLOTTE State: NC Zip: 28207

Country: USA Phone No.:

Profession / Occupation: US SPONSOR **

Hotel: **

Arrival: Airline & Flight No. ** Date Time of Arrival

Departure: Airline & Flight No. Date Time of Departure

To be Completed by Head of Family

ACCOMPANIED BY:

MARILYN 26.02.31 012712522	** 20222
[illegible] 17.05.24 011557574	**
BERNICE ROBERTS 13.02.28 013544179	**
	**
	**

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	
		**
		**
		**

Signature

Date

* Please Circle The Applicable

** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th maccabiah המכביה
ישראל 3-13.7.89

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20225

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F M)	Food Type * (01 - REGULAR, 02 - VEGETARIAN)
WEISSMAN	DAVID L.	24 07 38	M	

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
100223730	01 02 03 04 05 06 07 08 09 10 11 12	5 ABERNATHY RD

Profession / Occupation US SPONSOR **

Hotel **

City	State	Zip
LEXINGTON	MA	02173

Country	Phone No.

Arrival ____ (Airline & Flight No.) ____ (Date) ____ (Time of Arrival)
**

Departure ____ (Airline & Flight No.) ____ (Date) ____ (Time of Departure)

To be Completed by Head of Family

ACCOMPANIED BY:

MARCE C. 18.11.47 E105393 ** 20224

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
		**
		**

**
**
**

Signature

Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989
Please attach an identity photo to this entry form.

13th maccabiah המכביה
ישראל 3-13.7.89

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20227

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F M)	Food Type * (01 - REGULAR, 02 - VEGETARIAN)
WERCHADLO	HOWARD	180624	X	

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
6661946	01 02 03 04 05 06 07 08 09 10 11 12	18 MERRILL RD

Profession / Occupation US SPONSOR **

Hotel **

City	State	Zip
CRANSTON	RI	02920

Country	Phone No.
USA	

Arrival — Airline & Flight No. ** — Date — Time of Arrival

Departure — Airline & Flight No. — Date — Time of Departure

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
		**
		**

To be Completed by Head of Family

ACCOMPANIED BY:

JOSEPHINE 17.08.31 6661947	** 20226
	**
	**
	**
	**

Signature

Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989
Please attach an identity photo to this entry form.

13th maccabiah המכביה
ישראל 3-13.7.89

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20229

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F M)	Food Type * (01 - REGULAR, 02 - VEGETARIAN)
WORTMAN	WALTER	05 12 38	X	

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
B277896	01 02 03 04 05 06 07 08 09 10 11 12	369 OLD BRIDGE RD

City	State	Zip
E NORTHPORT	NY	11731

Country	Phone No.
USA	

Profession / Occupation US SPONSOR **

Hotel **

**

Arrival _____ Airline & Flight No. ** _____ Date _____ Time of Arrival

Departure _____ Airline & Flight No. _____ Date _____ Time of Departure

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
		**
		**

To be Completed by Head of Family

ACCOMPANIED BY:

		**
TONIA	08.11.42 B277895	20228
		**
		**
		**
		**

Signature

Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989
Please attach an identity photo to this entry form.

13th maccabiah המכביה

ישראל 3-כ.ב.89 ז'-ח'תמוז

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20230

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F M)	Food Type * (01 - REGULAR, 02 - VEGETARIAN)
ZUKERMAN	JACK	05 05 35	M: X	

Passport No.	Participation At Previous Maccabiot *
031193376	01 02 03 04 05 06 07 08 09 10 11 12

Address (No. - Street - Apt): 11150 OLYMPIC BLVD

City: LOS ANGELES State: CA Zip: 90064

Country: USA Phone No.:

c/o CSC LIGHTING INC.

Profession / Occupation: US SPONSOR **

Hotel: **

Arrival: Airline & Flight No. ** Date Time of Arrival

Departure: Airline & Flight No. Date Time of Departure

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
		**
		**

To be Completed by Head of Family

ACCOMPANIED BY:

	**
RAMONA	**
	**
	**
	**

Signature

Date

* Please Circle The Applicable

** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC: CAN ** 2026

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F / M)	Food Type *
LANG	HELEN		V	01 - REGULAR (circled) / 02 - VEGETARIAN

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
	01 02 03 04 05 06 07 08 09 10 11 12	33 LYNCROFT ROAD

City	State	Zip
MONTREAL	QUEBEC	H3X3E3

Country	Phone No.
CANADA	5147487711

** 58

Profession / Occupation _____

** SH

Hotel HOTEL SHERATON

**

Arrival EL AL 010 7279 — Airline & Flight No. — 27.6.89 Date — 0905 Time of Arrival

**

Departure _____ Airline & Flight No. — 14.7.89 Date — _____ Time of Departure

To be Completed by Head of Family

ACCOMPANIED BY:

NICKI LANG	**
JONATHAN LANG	**
	**
	**
	**

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	
		**
		**
		**

הערה: כבר מופיעה בטופס זכאות
מספר 8982 כחזקת מוכר
אנסון בדק קוברה.

Signature

Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989
Please attach an identity photo to this entry form.

IMK/OC VIP - כ קיבל אם
SPOUSE 58 - בעל קיבל

13th maccabiah המכביה

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC: CAN ** 20262

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F / M)	Food Type *
LANG	JONATHAN		M ✓	01 - REGULAR (circled) / 02 - VEGETARIAN

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
	01 02 03 04 05 06 07 08 09 10 11 12	33 LYNCROFT ROAD

** 91

Profession / Occupation _____

** SH

Hotel HOTEL SHERATON

**

City	State	Zip
MONTREAL	QUEBEC	H3X3E3

Country	Phone No.
CANADA	5147487111

Arrival EL AL 010 7279 — Airline & Flight No.

27.6.89 — Date

0905 — Time of Arrival

**

Departure _____ — Airline & Flight No.

14.7.89 — Date

_____ — Time of Departure

To be Completed by Head of Family

ACCOMPANIED BY:

NICKI LANG

HELEN LANG

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
		**
		**

** ** ** ** **

_____
Signature

_____
Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th maccabiah המכביה

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

VIP

Entry Form by Name

** NOC CAN ** 20263

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F / M)	Food Type *
LANG	NICKI	1 1 0 5 3 8	✓	01 - REGULAR / 02 - VEGETARIAN

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
CANADA EXP. 9/91 LG 612799	01 02 03 04 05 06 07 08 09 10 11 12 — 000	33 LYNCROFT ROAD

City	State	Zip
MONTREAL	QUEBEC	H3X3G3

Country	Phone No.
CANADA	514 748 7711

Profession / Occupation: BUSINESSMAN ** 20

Hotel: SHERATON TEL AVIV ** SH

JONATHAN LANG 20

**

Arrival: EL AL 010 7979 — ARR JUNE 27/89 — 0905
Airline & Flight No. — Date — Time of Arrival

**

Departure: — July 14/89 —
Airline & Flight No. — Date — Time of Departure

To be Completed by Head of Family

ACCOMPANIED BY:

HELEN LANG (WIFE) ** 20261
JONATHAN LANG (SON) ** 20262
KAREN LANG (DAUGHTER) ** 20572
YEHUDAA SITRUK (FIANCE OF DAUGHTER) ** 20573

**

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport
HELEN LANG	GOLF - CAPTAIN

**
**
**

Signature

30/5/89
Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989
Please attach an identity photo to this entry form.

מועד אחרון להגשת הטפסים:
SQUASH - נשמח לראות

13th maccabiah המכביה
ישראל 13-בג'מ"ס-יחוה 1989

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC USA ** 20266

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F M)	Food Type * (01 - REGULAR, 02 - VEGETARIAN)
STEERMAN	WILLIAM	29 01 34	X	

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
257291 20	01 02 03 04 05 06 07 08 09 10 11 12	425 MILL CREEK RD

City	State	Zip
GLADWYNE	PA	19035

Country	Phone No.
USA	

Profession / Occupation IMC ** 20 IMC

Hotel **

Arrival _____ Date _____ Time of Arrival _____
Airline & Flight No. **

Departure _____ Date _____ Time of Departure _____
Airline & Flight No.

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
		**
		**

To be Completed by Head of Family

ACCOMPANIED BY:

	**
Louise 24.07.35 257291 21	20265
	**
	**
	**
	**

58

Signature

Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989
Please attach an identity photo to this entry form.

13th maccabiah המכביה
ישראל 3-13.7.89

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20267

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F M)	Food Type * (01 - REGULAR, 02 - VEGETARIAN)
KOFFLER	STEPHEN	270571	X	

Passport No.	Participation At Previous Maccabiot *
033177045	01 02 03 04 05 06 07 08 09 10 11 12

Address (No. - Street - Apt): 2152 RODADO PL

** 91

Profession / Occupation _____

**

Hotel _____

**

City	State	Zip
EL CAJON	CA	

Country	Phone No.
USA	

Arrival _____ (Airline & Flight No.) _____ (Date) _____ (Time of Arrival)

**

Departure _____ (Airline & Flight No.) _____ (Date) _____ (Time of Departure)

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	
		**
		**
		**

To be Completed by Head of Family

ACCOMPANIED BY:

	**
	**
	**
	**
	**

Signature

Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th maccabiah המכביה
ישראל 3-13.7.89

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20268

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F M)	Food Type *
NAIMAN	MARSHALL	17 05 71	X	01 - REGULAR 02 - VEGETARIAN

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
033205824	01 02 03 04 05 06 07 08 09 10 11 12	14 LAKE HELIX DRIVE

Profession / Occupation STUDENT ** 91

Hotel **

City	State	Zip
LA MESA	CA	92041

Country	Phone No.
USA	

Arrival _____ (Airline & Flight No.) _____ (Date) _____ (Time of Arrival)

**

Departure _____ (Airline & Flight No.) _____ (Date) _____ (Time of Departure)

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	
		**
		**
		**

To be Completed by Head of Family

ACCOMPANIED BY:

	**
	**
	**
	**
	**

Signature

Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th maccabiah המכביה
ישראל תשנ"ט-1989

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20271

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F / M)	Food Type * (01 - REGULAR, 02 - VEGETARIAN)
FREEDMAN	SANFORD	25 01 53	X	

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
041423603	01 02 03 04 05 06 07 08 09 10 11 12	12700 BISCAYNE BLVD.

Profession / Occupation ATTORNEY **

Hotel ** 7039

City	State	Zip
N. MIAMI	FL	33181

Country	Phone No.
USA	

Arrival ____ Airline & Flight No. ____ Date ____ Time of Arrival ____

** 713

Departure ____ Airline & Flight No. ____ Date ____ Time of Departure ____

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
		**
		**

To be Completed by Head of Family

ACCOMPANIED BY:

			**
ROXANA	08.10.49	091146509	20269
DAVID	05.09.82	091135804	20270
			**
			**
			**

Signature

Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th maccabiah המכביה
israel 3-13.7.89 ישראל

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20272

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F / M)	Food Type * (01 - REGULAR, 02 - VEGETARIAN)
KLECKNER	STANLEY	240825	X	

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
F 1487641	01 02 03 04 05 06 07 08 09 10 11 12	592 NORTH ST.

City	State	Zip
GREENWICH	CT	06830

Country	Phone No.
USA	

** Profession / Occupation _____

** Hotel _____

**

Arrival _____ (Airline & Flight No.) _____ (Date) _____ (Time of Arrival)

**

Departure _____ (Airline & Flight No.) _____ (Date) _____ (Time of Departure)

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
		**
		**

To be Completed by Head of Family

ACCOMPANIED BY:

	**
	**
	**
	**
	**

_____
Signature

_____
Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th maccabiah המכביה

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20279

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F / M)	Food Type * (01 - REGULAR, 02 - VEGETARIAN)
JACOBS	BILL	27 05 49	M	

Passport No.	Participation At Previous Maccabiot *
022389614	01 02 03 04 05 06 07 08 09 10 11 12

Address (No. - Street - Apt): 31800 NORTHWESTERN HWY STE 206

City	State	Zip
FARMINGTON HILLS	MI	48018

Country	Phone No.
USA	

** Profession / Occupation _____

** Hotel _____

**

Arrival _____ (Airline & Flight No.) _____ (Date) _____ (Time of Arrival)

**

Departure _____ (Airline & Flight No.) _____ (Date) _____ (Time of Departure)

To be Completed by Head of Family

ACCOMPANIED BY:

Name	Sport	
SHIRLEE [illegible]		** 02278
		**
		**
		**
		**

If Family Members are Athletes or part of a Delegation please give details:

Name / Sport

Signature

Date

* Please Circle The Applicable

** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th maccabiah המכביה

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20287

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F M)	Food Type *
FENSTER	DAN	18 07 58	X	01 - REGULAR 02 - VEGETARIAN

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
	01 02 03 04 05 06 07 08 09 10 11 12	411 EAST 56th ST

City	State	Zip
NEW YORK	NEW YORK	10022

Country	Phone No.
USA	

Profession / Occupation PHYSICIAN **

Hotel **

Arrival _____ Date _____ Time of Arrival _____
Airline & Flight No. **

Departure _____ Date _____ Time of Departure _____
Airline & Flight No.

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	
		**
		**
		**

To be Completed by Head of Family

ACCOMPANIED BY:

	**
	**
	**
	**
	**

Signature

Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th maccabiah המכביה
Israel 3-13.7.89 ישראל השמיני ל-13-יולי 1989

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20284

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F / M)	Food Type *
BENSON	JACK		X	01 - REGULAR 02 - VEGETARIAN

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
	01 02 03 04 05 06 07 08 09 10 11 12	25 CENTRAL PARK WEST

City	State	Zip
NEW YORK	NY	10023

Country	Phone No.
USA	

Profession / Occupation _____ **

Hotel _____ **

** _____

Arrival _____ _____ _____
Airline & Flight No. Date Time of Arrival

** _____

Departure _____ _____ _____
Airline & Flight No. Date Time of Departure

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	
		**
		**
		**

To be Completed by Head of Family

ACCOMPANIED BY:

WISE BARBARA	** 20283
	**
	**
	**
	**

_____
Signature

_____
Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989
Please attach an identity photo to this entry form.

13th maccabiah המכביה

ישראל 3-13.7.89

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20285

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F M)	Food Type * (01 - REGULAR, 02 - VEGETARIAN)
WOLIN	PRESTON	130651	X	

Passport No.	Participation At Previous Maccabiot *
021970222	01 02 03 04 05 06 07 08 09 10 11 12

Address (No. - Street - Apt): 2800 N. LAKE SHORE DR 1608

City: CHICAGO State: IL Zip: 60657

Country: USA Phone No.:

Profession / Occupation: PHYSICIAN **

Hotel: **

Arrival: Airline & Flight No. ** Date Time of Arrival

Departure: Airline & Flight No. Date Time of Departure

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
		**
		**

To be Completed by Head of Family

ACCOMPANIED BY:

	**
	**
	**
	**
	**

Signature

Date

* Please Circle The Applicable

** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th maccabiah המכביה

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20286

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F M)	Food Type * (01 - REGULAR, 02 - VEGETARIAN)
PINCUS	NANCY	290957	X	

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
F1218552	01 02 03 04 05 06 07 08 09 10 11 12	214 HITCHING POST DRIVE

City	State	Zip
WILMINGTON	DE	19803

Country	Phone No.
USA	

Profession / Occupation HOUSE WIFE **

Hotel **

Arrival _____ (Airline & Flight No.) _____ (Date) _____ (Time of Arrival)

**

Departure _____ (Airline & Flight No.) _____ (Date) _____ (Time of Departure)

**

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
		**
		**

To be Completed by Head of Family

ACCOMPANIED BY:

	**
	**
	**
NANCY	**
	**

Signature

Date

* Please Circle The Applicable

** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th maccabiah
המכביה ה13

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20287

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F M)	Food Type * (01 - REGULAR, 02 - VEGETARIAN)
PINCUS	ROBERT	31 01 55	X	

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
F1211501	01 02 03 04 05 06 07 08 09 10 11 12	214 HITCHING POST DRIVE

Profession / Occupation ATTORNEY **

**

Hotel **

City	State	Zip
WILMINGTON	DE	19803

Country	Phone No.
USA	

Arrival _____ Airline & Flight No. ** _____ Date _____ Time of Arrival _____

Departure _____ Airline & Flight No. _____ Date _____ Time of Departure _____

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	
		**
		**
		**

To be Completed by Head of Family

ACCOMPANIED BY:

~~NANCY DONNA~~ PINCUS 09.09.57	** 20286
f1218552	**
	**
	**
	**

Signature _____ Date _____

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th maccabiah המכביה

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20291

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F M)	Food Type * (01 - REGULAR, 02 - VEGETARIAN)
ROBINSON	MARC	20 01 69	X	

Passport No.	Participation At Previous Maccabiot *
052355046	01 02 03 04 05 06 07 08 09 10 11 12

Address (No. - Street - Apt): 4752 PARK ENCINO LA 312

City: ENCINO State: CA Zip: 91436

Country: USA Phone No.:

Profession / Occupation: STUDENT **

Hotel: **

Arrival: Airline & Flight No. ** Date Time of Arrival

Departure: Airline & Flight No. Date Time of Departure

To be Completed by Head of Family

ACCOMPANIED BY:

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	
		**
		**
		**

	**
	**
	**
	**

Signature

Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th maccabiah המכביה
ישראל 3-13.7.89

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20292

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex	Food Type *
PINCUS	DONNA	22 02 65	F X M	01 REGULAR / 02 - VEGETARIAN

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
012340805	01 02 03 04 05 06 07 08 09 10 11 12	116 MATTAPONI TRAIL

City	State	Zip
WILLIAMBURG	VA	23185

Country	Phone No.
USA	

Profession / Occupation US SPONSOR ** 91

Hotel ** #1

**

Arrival _____ Airline & Flight No. _____ Date _____ Time of Arrival _____

**

Departure _____ Airline & Flight No. _____ Date _____ Time of Departure _____

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
		**
		**

To be Completed by Head of Family

ACCOMPANIED BY:

	**
~~20292~~	**
	**
	**
	**

Signature _____

Date _____

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th maccabiah המכביה
ישראל 3-13.7.89

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20293

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F M)	Food Type *
SINGER	ILANA	08 03 88		01 - REGULAR 02 - VEGETARIAN

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
	01 02 03 04 05 06 07 08 09 10 11 12	424 WEST END AVE 3D

City	State	Zip
NEW YORK	NY	10024

Country	Phone No.
USA	

Profession / Occupation _____ **

Hotel _____ **

Arrival _____ _____ _____ **
Airline & Flight No. Date Time of Arrival

Departure _____ _____ _____
Airline & Flight No. Date Time of Departure

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	
		**
		**
		**

To be Completed by Head of Family

ACCOMPANIED BY:

	**
	**
	**
	**
	**

_____
Signature

_____
Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989
Please attach an identity photo to this entry form.

20209
Joseph 20210

13th maccabiah המכביה

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20294

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F M)	Food Type *
SINGER	LESLIE	240363	X	01 - REGULAR 02 - VEGETARIAN

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
041803291	01 02 03 04 05 06 07 08 09 10 11 12	300 E. 62ND ST. 302

Profession / Occupation ATTORNEY **

Hotel **

City	State	Zip
NEW YORK	NY	10021

Country	Phone No.
USA	

Arrival _____ Airline & Flight No. ** _____ Date _____ Time of Arrival _____

Departure _____ Airline & Flight No. ** _____ Date _____ Time of Departure _____

To be Completed by Head of Family

ACCOMPANIED BY:

Name	Sport	
		**
		**
		**

	**
	**
	**
	**

Signature _____ Date _____

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th maccabiah המכביה

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20295

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F M)	Food Type * (01 - REGULAR, 02 - VEGETARIAN)
WERTHEIM	STEVEN	01 04 56	X	

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
021620141	01 02 03 04 05 06 07 08 09 10 11 12	70 OLD STRATTON CHASE

Profession / Occupation PHYSICIAN **

Hotel ** 7744

City	State	Zip
ATLANTA	GA	30328

Country	Phone No.
USA	

Arrival _____ (Airline & Flight No.) _____ (Date) _____ (Time of Arrival) **

Departure _____ (Airline & Flight No.) _____ (Date) _____ (Time of Departure) **

To be Completed by Head of Family

ACCOMPANIED BY:

Name	Sport	**
		**
		**
		**
		**

Signature

Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th maccabiah המכביה

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20296

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F / M)	Food Type * (01 - REGULAR, 02 - VEGETARIAN)
BORENSTEIN	LORI		X	

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
014018943	01 02 03 04 05 06 07 08 09 10 11 12	4450S. PARK AVE 511

City	State	Zip
CHEVY CHASE	MD	20815

Country	Phone No.
USA	

Profession / Occupation PHYSICIAN **

Hotel **

Arrival _____ Date _____ Time of Arrival _____
Airline & Flight No. **

Departure _____ Date _____ Time of Departure _____
Airline & Flight No.

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	
		**
		**
		**

To be Completed by Head of Family

ACCOMPANIED BY:

	**
	**
	**
	**
	**

Signature

Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th maccabiah המכביה
ישראל 3-13.7.89

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20297

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F M)	Food Type * (01 - REGULAR, 02 - VEGETARIAN)
BORENSTEIN	JERRY L	13 05 31	X	

Passport No.	Participation At Previous Maccabiot * (01 02 03 04 05 06 07 08 09 10 11 12)	Address (No. - Street - Apt)
032639		5400 BALBOA BLVD 131

City	State	Zip
ENCINO	CALIFORNIA	91316

Country	Phone No.
USA	

Profession / Occupation PHYSICIAN **

**

Hotel **

Arrival _____ Airline & Flight No. ** _____ Date _____ Time of Arrival

Departure _____ Airline & Flight No. _____ Date _____ Time of Departure

To be Completed by Head of Family

ACCOMPANIED BY:

Name	Sport	
		**
		**
		**

**
**
**
**

Signature

Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989
Please attach an identity photo to this entry form.

13th maccabiah המכביה

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20299

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F / M)	Food Type * (01 - REGULAR, 02 - VEGETARIAN)
LAIKIND	JEFFREY	15 10 35	X	

Passport No.	Participation At Previous Maccabiot * (01 02 03 04 05 06 07 08 09 10 11 12)	Address (No. - Street - Apt)
D1808995		165 E 66th ST

City	State	Zip
NEW YORK	NY	10021

Country	Phone No.
USA	

** 20

Profession / Occupation IMC /US SPONSOR IMC

**

Hotel

**

Arrival 26/6 LY300 (27.)
Airline & Flight No. Date Time of Arrival

**

Departure
Airline & Flight No. Date Time of Departure

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**

To be Completed by Head of Family

ACCOMPANIED BY:

		**
W DONNA	29.10.44 D1522181	20298 ~~20317~~
	36	

Signature

Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989
Please attach an identity photo to this entry form.

13th maccabiah
המכביה ה13

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC: AUS ** 20301

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F M)	Food Type *
PLATUS	LOUIS	8 8 44	X	(01) REGULAR / 02 VEGETARIAN

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
G439068	01 02 03 04 05 06 07 08 (09) (10) 11 12	99 WILD ST

City	State	Zip
MAROUBRA	NSW	2035

Country	Phone No.
AUSTRALIA	02 3494791

** IMC-20

Profession / Occupation: SHOE RETAILING ** KM

Hotel: KFAR MACCABIAH **

Arrival: AZ 746 (Airline & Flight No.) 21/6/89 (Date) 17.10 (Time of Arrival) **

Departure: AZ 747 7143 (Airline & Flight No.) 14/7/89 (Date) 18.25 (Time of Departure)

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**

To be Completed by Head of Family

ACCOMPANIED BY: **

Louis Platus
Signature

9/5/89
Date

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

* Please Circle The Applicable
** For Office Use Only

13th maccabiah
המכביה
ישראל 3-13.7.89

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC [ ] ** [20302]

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F / M)	Food Type *
GOLD	BERNIE	27 06 42	X	01 - REGULAR 02 - VEGETARIAN

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
J0570843	01 02 03 04 05 06 07 08 09 10 11 12	87-13 KIREEP ROAD

City	State	Zip
BALWYN	VICTORIA	3103

Country	Phone No.
AUSTRALIA	03 836 6286

Profession / Occupation: IMC Sales Manager ** [ ]

Hotel: BASIL ** [BS]

MWU
IMC
20

Arrival: WITH TEAM 2717 — Airline & Flight No. — 28/6/89 — Date — Time of Arrival

** [ ]

Departure: WITH TEAM 1617 — Airline & Flight No. — 16/7/89 — Date — Time of Departure

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
		**
		**

To be Completed by Head of Family

ACCOMPANIED BY:

	**
	**
	**
	**
	**

Signature

Date

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

* Please Circle The Applicable
** For Office Use Only

13th maccabiah המכביה

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC AUS ** 20303

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F / M)	Food Type *
GOLD	KAREN	16 01 71	F ✓	01 - (REGULAR) 02 - VEGETARIAN

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
J0527547	01 02 03 04 05 06 07 08 09 10 11 12	22/36-38 PENKIVIL STREET

Profession / Occupation: STUDENT **

Hotel: BASEL ** 55

City	State	Zip
BONDI	NSW	2026

Country	Phone No.
AUSTRALIA	0238989455

**

Arrival: WITH TEAM 2317 — Airline & Flight No. — 28/6/89 — Date — Time of Arrival

**

Departure: EL AL LY 315 7147 — Airline & Flight No. — 14/7/89 — Date — 12 P.M (NOON) — Time of Departure

To be Completed by Head of Family

ACCOMPANIED BY:

BERNIE GOLD (A.M.F. PRESIDENT M.W.U/I.M.X MEMBER)

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
BERNIE GOLD (FATHER)	MASTERS SWIMMING	**
		**

**
**
**
**
**

V. Gold
Signature

13/5/89
Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th maccabiah המכביה
israel 13-23.7.89 ישראל תשכ"ט-תש"ן

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC: AUS ** 20304

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F / M)	Food Type * (01 - REGULAR / 02 - VEGETARIAN)
SCHWARTZ	ARLENE	18 1 52	X	01

Passport No.	Participation At Previous Maccabiot * (01 02 03 04 05 06 07 08 09 10 11 12)
J0244592	

Address (No. - Street - Apt): 24 BANGALZA RD ROSEBAY

City: SYDNEY State: NSW Zip: 2030

Country: AUSTRALIA Phone No.: 371 8775

** Profession / Occupation: PHYSIOTHERAPIST

** Hotel: KFAR HAMACCABIAH KM

** 1

Arrival: ALITALIA (Airline & Flight No.) AZ 746 2917 (Date) 28/6/89 (Time of Arrival) 17.10

** V

Departure: ALITALIA (Airline & Flight No.) 7143 (Date) 14/7/89 (Time of Departure)

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
N/A		

To be Completed by Head of Family

ACCOMPANIED BY:

	**
BRYAN SCHWARTZ	20304

A Schwartz
Signature

Date

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

* Please Circle The Applicable
** For Office Use Only

13th maccabiah המכביה
ישראל 3-14.7.89 · 3-14.7.89 Israel

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

92

Entry Form by Name

** NOC

** 20305

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F / M)	Food Type * (01 - REGULAR, 02 - VEGETARIAN)
BEVILLE	KEATH		✓	

Passport No.	Participation At Previous Maccabiot * (01 02 03 04 05 06 07 08 09 10 11 12)	Address (No. - Street - Apt)
		11 WHERNSIDE AVE TOORAK

City	State	Zip
MELBOURNE	VIC	3142

Country	Phone No.
AUSTRALIA	(~~03~~ 536~~619~~

Profession / Occupation _____ **

Hotel PRIVATE ACCOMODATION ** 22

**

Arrival SR 338 703 — Airline & Flight No. — 2.7.89 Date — 13:35 Time of Arrival

**

Departure LY 5141 TW 7117 — Airline & Flight No. — 1.7.89 Date — 07:30 Time of Departure

To be Completed by Head of Family

ACCOMPANIED BY:

BEVILLE DEIRDRE (~~WIFE~~) ** 20306

17.12.41 E019424 **

**

**

**

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	
GARY BEVILLE	HOCKEY	** 1109
		**

Signature

Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

VIP

13th maccabiah המכביה

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20306

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F / M)	Food Type *
BEVILLE	DEIRDRE	171241	✓	01 - REGULAR (circled) / 02 - VEGETARIAN

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
E019424	01 02 03 04 05 06 07 08 09 10 11 12	11 WHERNSIDE AVE TOORAK

City	State	Zip
MELBOURNE	VIC	3142

Country	Phone No.
AUSTRALIA	6543699 (DAY)

Profession / Occupation: Retailer **

Hotel: Private Accommodation **

Arrival: SR 338 (7023) — Airline & Flight No. — 2-7-89 — Date — 1335 — Time of Arrival **

Departure: LY 541 (7117) — Airline & Flight No. — 11-7-89 — Date — 0730 — Time of Departure **

To be Completed by Head of Family

ACCOMPANIED BY: NA **

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
GARY BEVILLE	HOCKEY	1109
		**
		**

Signature

15 MAY 89
Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th maccabiah המכביה

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC [ ] ** [20307]

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F / M)	Food Type *
GAENSLER	BOBBY	08 11 48	X	01 - REGULAR (circled) / 02 - VEGETARIAN

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
J0469211	01 02 03 04 05 06 07 08 09 10 11 12	7 LOCKWOOD AVE FRENCHS FOREST

City	State	Zip
SYDNEY	NSW	2086

Country	Phone No.
AUSTRALIA	0245213833

** [ ]

Profession / Occupation TEACHER ** [ ]

Hotel BASSEL ** [BS]

** [ ]

Arrival AZ Alitalia 746 ~~1761~~ 2817 — Airline & Flight No. — 28-6-89 — Date — 5.10pm — Time of Arrival

** [ ]

Departure AZ Alitalia 747 — Airline & Flight No. — 7/5/1 — Date — 6.25pm — Time of Departure

To be Completed by Head of Family

ACCOMPANIED BY:

If Family Members are Athletes or part of a Delegation please give details: Name	Sport	
		** [ ]
Frank Gaensler	Tenpin Bowling	** [1063]
		** [ ]

** [ ]
** [ ]
** [ ]
** [ ]
** [ ]

Bobby Gaensler
Signature

Date

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

* Please Circle The Applicable
** For Office Use Only

13th maccabiah המכביה

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20308

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F M)	Food Type *
LEVY	ROBIN	9 / 3 / 2		01 - REGULAR / 02 - VEGETARIAN

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
E006367	01 02 03 04 05 06 07 08 09 10 11 12	12 PRIVATE RD NORTHWOOD

Profession / Occupation: COMPANY DIRECTOR **

Hotel: SINAI. ** 81

City	State	Zip
SYDNEY	NSW	2066

Country	Phone No.
AUSTRALIA	(2) 4270173

Arrival: SWISSAIR. 7023 — Airline & Flight No. — SUN 2 JULY. — Date — Time of Arrival

Departure: SWISSAIR (2) — Airline & Flight No. — TUE 11 JULY — Date — Time of Departure

To be Completed by Head of Family

ACCOMPANIED BY:

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	
LEILA LEVY	LAWN BOWLS	** 1500
BRUCE LEVY.	VET SQUASH	** 1152
PHILIP SACKS.	VET LADIES TENNIS	** 1049

Signature

Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989
Please attach an identity photo to this entry form.

13th maccabiah
המכביה

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC: BRA

** 20309

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F / M)	Food Type *
SCHNAIDER	MOISES	28 08 28	X	01 - REGULAR 02 - VEGETARIAN

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
CD455720	01 02 03 04 05 06 07 08 09 10 11 12	R HUNGRIA 1000

City	State	Zip
SAO PAULO		

Country	Phone No.
BRASIL	

Profession / Occupation: ECONOMISTA **

Hotel: MORIAH PLAZA **

Arrival: LY316 (LY223) — Airline & Flight No. — 02/07 — Date — 18.00 — Time of Arrival **

Departure: — Airline & Flight No. — 28/07/89 — Date — 21.00 — Time of Departure **

IMC / 20

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport

To be Completed by Head of Family

ACCOMPANIED BY:

SCHNAIDER MOISES BRASIL

Signature

Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th maccabiah המכביה
israel 3-13.7.89 ישראל תשמ"ט

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC: BRA

** 20317

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F M)	Food Type *
TERPINS ~~LEON~~	JACK	10 4 38	X	01 - REGULAR / 02 - VEGETARIAN

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
CC435569 -	01 02 03 04 05 06 07 08 09 10 11 12	RUA HUNGRIA 1000

City	State	Zip
SÃO PAULO	SÃO PAULO	01445

Country	Phone No.
BRASIL	8145514

** 20

Profession / Occupation _____

** SH

Hotel SHERATON

**

Arrival 358 ECAL 730 30/6 14:45
Airline & Flight No. Date Time of Arrival

**

Departure _____ _____ _____
Airline & Flight No. Date Time of Departure

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport

Signature

To be Completed by Head of Family

ACCOMPANIED BY:

MICHEL 18.07.77 CC977567	** 20310	95
RODRIGO 12.04.73 CC976579	** 20311	95
RAFAEL 18.09.75	** 20312	95
TANIA 22.11.77	** 20313	95
JACQUELINE 25.04.50	** 20314	92
DENISE CBU73220	20315	95
TICIANA 10.12.75 CC940698	20316	95

Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th maccabiah
המכביה
ישראל 13-בנ.ם.89

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20318

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F M)	Food Type *
ARBAITMAN	MARCOS	27 12 35	XX	01 - REGULAR / 02 - VEGETARIAN

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
CC297715	01 02 03 04 05 06 07 08 09 10 11 12	AV SAO LUIZ 165

City	State	Zip
SAO PAULO	SP	01046

Country	Phone No.
BRAZIL	2572433

** Profession / Occupation _____

** Hotel _____

**

Arrival _____ Date _____ Time of Arrival _____
Airline & Flight No.

**

Departure _____ Date _____ Time of Departure _____
Airline & Flight No.

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
		**
		**

To be Completed by Head of Family

ACCOMPANIED BY:

	**
	**
	**
	**
	**

Signature

Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989
Please attach an identity photo to this entry form.

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC ** 20319

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F / M)	Food Type * (01 - REGULAR, 02 - VEGETARIAN)
EILATI	KEREN	18 06 49	X	

Passport No.	Participation At Previous Maccabiot * (01 02 03 04 05 06 07 08 09 10 11 12)
RD A18774	

Address (No. - Street - Apt): RUA HUNGRIA 1000

City: SAO PAULO State: SP Zip: 01455

Country: BRASIL Phone No.: 814 4514

**

Profession / Occupation _____

**

Hotel _____

**

Arrival _____ (Airline & Flight No.) _____ (Date) _____ (Time of Arrival)

**

Departure _____ (Airline & Flight No.) _____ (Date) _____ (Time of Departure)

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
		**
		**

To be Completed by Head of Family

ACCOMPANIED BY:

	**
~~20319~~	**
	**
	**
	**

_____ Signature

_____ Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC ** 20320

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F / M)	Food Type *
KILATI	TAMMY	18 06 79	X	01 - REGULAR 02 - VEGETARIAN

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
CD 118867	01 02 03 04 05 06 07 08 09 10 11 12	RUA HUNGRIA 1000

City: SAO PAULO — State: SP — Zip: 01455-000

Country: BRASIL — Phone No.: 814 4514

Profession / Occupation _____ **

Hotel _____ **

Arrival _____ (Airline & Flight No.) _____ (Date) _____ (Time of Arrival) **

Departure _____ (Airline & Flight No.) _____ (Date) _____ (Time of Departure) **

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
		**
		**

To be Completed by Head of Family

ACCOMPANIED BY:

	**
	**
	**
	**
	**

_____ Signature

_____ Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC [ ] ** [20322]

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F / M)	Food Type *
BLAU	ALAN		X	(01) REGULAR / 02 - VEGETARIAN

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
	01 02 03 04 05 06 07 08 09 10 11 12	RUA HUNGRIA 1000

City	State	Zip
SÃO PAULO	SÃO PAULO	01445

Country	Phone No.
BRASIL	8144514

Profession / Occupation _____ ** [ ]

Hotel _____ ** [ ]

Arrival _____ (Airline & Flight No.) _____ (Date) _____ (Time of Arrival) ** [ ]

Departure _____ (Airline & Flight No.) _____ (Date) _____ (Time of Departure) ** [ ]

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
		** [ ]
		** [ ]
		** [ ]

To be Completed by Head of Family

ACCOMPANIED BY:

			**
ROSITA	17.10.50	CC 374127	20321
			** [ ]
			** [ ]
			** [ ]
			** [ ]

_____
Signature

_____
Date

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

* Please Circle The Applicable

** For Office Use Only

13th maccabiah

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20325

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F / M)	Food Type * (01 - REGULAR, 02 - VEGETARIAN)
SCHNAIDER	JAIME	24 11 55	X	

Passport No.	Participation At Previous Maccabiot * (01 02 03 04 05 06 07 08 09 10 11 12)	Address (No. - Street - Apt)
CE 305008		RUA HUNGRIA 1000

City	State	Zip
SAO PAULO	SP	01445

Country	Phone No.
BRASIL	814-4514

Profession / Occupation _____ **

Hotel _____ **

Arrival _____ (Airline & Flight No.) _____ (Date) _____ (Time of Arrival)

**

Departure _____ (Airline & Flight No.) _____ (Date) _____ (Time of Departure)

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
		**
		**
		**

To be Completed by Head of Family

ACCOMPANIED BY:

	**
	**
	**
	**
	**

Signature

Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

VIP

Entry Form by Name

** NOC CAN ** 20327

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F M)	Food Type *
OBERLANDER	FRED B	23 5 11	M	01 - REGULAR (circled) / 02 - VEGETARIAN

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
NEW PASSPORTS IN PREPARATION	01 02 03 04 05 06 07 08 09 10 11 12	MACDONALD AV 5500 #405

City	State	Zip
MONTREAL		H3X 2W5

Country	Phone No.
CANADA QUEBEC	514 484 7444

** Profession / Occupation: Co. DIRECTOR

** Hotel: KFAR MACCABIAH

VIP
MWU
IMC
20

** Arrival: 29th JUNE 1989
Airline & Flight No. | Date | Time of Arrival

** ELAL CANADIAN TEAM CHARTER

Departure: EL AL
Airline & Flight No. | Date | Time of Departure

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
		**
		**

F. O'Connell
Signature

To be Completed by Head of Family

ACCOMPANIED BY:

	**
ALICE OBERLANDER	20326
MYRIAM WIFE	** 20597
ALSO A FRIEND	** 20598
DAVID B GOODMAN	**
RR2 Box 476	**
HANOVER INDIANA 47243	

phone (812) 273 6281

3 June 1989
Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989
Please attach an identity photo to this entry form.

13th maccabiah המכביה
israel 3-13.7.89 שראל-חשבדסי ל'-ין-יחנה

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC: CHi

** 20329

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F / M)	Food Type *
KAPLUN	MARCOS		X	(01) - REGULAR; 02 - VEGETARIAN

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
	01 02 03 04 05 06 07 08 09 10 11 12	Las Condes 8361

City	State	Zip
Santiago		

Country	Phone No.
CHILE	

Profession / Occupation Ing. Comercial **

IMC
20

Hotel **

Arrival _____ Date _____ Time of Arrival _____
Airline & Flight No. **

Departure _____ Date _____ Time of Departure _____
Airline & Flight No. **

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
		**
		**

To be Completed by Head of Family

ACCOMPANIED BY:

	**
	**
	**
	**
	**

Signature

Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989
Please attach an identity photo to this entry form.

13th maccabiah המכביה
ישראל 13-23.7.89

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC ____ ** 20334

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F M)	Food Type *
BAKALARZ	RONALD	09 01 50	X	01 - REGULAR / 02 - VEGETARIAN

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
Z5561952 U.S.A.	01 02 03 04 05 06 07 08 09 10 XXX	CARRERA 7ª #88-96 APT. 902

City	State	Zip
BOGOTA		

Country	Phone No.
COLOMBIA	2572621

** ____

Profession / Occupation _____

** ____

IMC
20

Hotel SHERATON

** ____

Arrival SK 771 (Airline & Flight No.) JUNIO 27 (Date) 20:50 (Time of Arrival)

** ____

Departure PA 115 (Airline & Flight No.) JULIO 18 (Date) 06:05 (Time of Departure)

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
		____
		____
		____

Signature

To be Completed by Head of Family

ACCOMPANIED BY:

		**
MINNA BAKALARZ	WIFE	20330 2-8-51 58
JONATHAN BAKALARZ	SON	20331 5-11-75 95
ALEXANDER BAKALARZ	SON	20332 5-11-76 95
ANDREA BAKALARZ	DAUGHTER	20333 25-3-80 95
		____

Date

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

* Please Circle The Applicable
** For Office Use Only

13th maccabiah המכביה
israel 3-13.7.89 ישראל תשמ"ט ל'-י"ג תמוז

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC: COL ** 20338

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F M)	Food Type * (01 - REGULAR, 02 - VEGETARIAN)
ANCHISLAVSKY	NOEL	16 04 43	X	

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
AC177336	01 02 03 04 05 06 07 08 09 10 11 12	CALLE 7 # 12-08 PISO 7

City	State	Zip
BOGOTA		

Country	Phone No.
COLOMBIA	2627000

**

Profession / Occupation _____

**

Hotel SHERATON

**

Arrival IBERIA 882 JUNIO 30 _____
Airline & Flight No. Date Time of Arrival

**

Departure SK 772 7144 JUL 14 10.20
Airline & Flight No. Date Time of Departure

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
RONNY ANCHISLAVSKY	FOOTBALL	3261 27-3-72

Signature

To be Completed by Head of Family

ACCOMPANIED BY:

		**
ROSITA ANCHISLAVSKY	WIFE	20335 16-5-52
ALLAN ANCHISLAVSKY	SON	20336 17-2-75
DAVID ANCHISLAVSKY	SON	20337 18-1-78

Date

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

* Please Circle The Applicable

** For Office Use Only

13th maccabiah המכביה
ישראל 13-23.7.89

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20343

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F M)	Food Type *
JAMRI	NESSIM	8 3 52	X	01 REGULAR (circled) / 02 - VEGETARIAN

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
AC2979 31	01 02 03 04 05 06 07 08 09 10 11 12	CALLE 21 # 68A - 20

City	State	Zip
BOGOTA		

Country	Phone No.
COLOMBIA	2625398

Profession / Occupation _____ **

Hotel SHERATON **

** 3018

Arrival IBERIA — Airline & Flight No. — 30-06-89 — Date — Time of Arrival

** 7H1H

Departure _____ — Airline & Flight No. — _____ — Date — Time of Departure

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	
		** 3261
		**
		**

Signature

To be Completed by Head of Family

ACCOMPANIED BY:

TAMAR	WIFE	** 20339 17-5-59
PAULETTE	DAUGHTER	** 20340 6-5-78
JACKY	SON	** 20341 17-7-79
JESSICA	DAUGHTER	** 20342 21-6-82
		**

_____ Date

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

* Please Circle The Applicable

** For Office Use Only

13th maccabiah
המכביה ה-13
ישראל 13-23.7.89

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20347

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F M)	Food Type *
BIBAS	MARCOS	14-6-37	X	01 - REGULAR (circled) / 02 - VEGETARIAN

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
0528-87 ESPAÑOL	01 02 03 04 05 06 07 08 09 10 11 12	CALLE 104 # 22A - 40

City	State	Zip
BOGOTA		

Country	Phone No.
COLOMBIA	2566006

Profession / Occupation _____ **

Hotel SHERATON **

**

Arrival AIR FRANCE ≠ 1306 (Airline & Flight No.) JULIO 1º (Date) 6:45 PM. (Time of Arrival)

**

Departure AIR FRANCE ≠ 1307 (Airline & Flight No.) July 14/89 (Date) 07:35 AM (Time of Departure)

To be Completed by Head of Family

ACCOMPANIED BY:

REBECA BIBAS	WIFE	** 20346 14-10-45
LEON BIBAS	SON	** 20345 1-4-68
DIMA BIBAS	DAUGHTER	** 20346 1111-71
		**
		**

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
		**
		**

Signature _____

Date _____

* Please Circle The Applicable

** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th maccabiah
המכביה
israel 3-13.7.89 ישראל

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC [ ]

** [20353]

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F M)	Food Type * (01 - REGULAR, 02 - VEGETARIAN)
EISENBAND	JAIME	15 07 47	X	

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
PE0087400	01 02 03 04 05 06 07 08 09 10 11 12	CARRERA 55#79-197 APT. 6B

City	State	Zip
BARRANQUILLA		

Country	Phone No.
COLOMBIA	475662

** [ ]

Profession / Occupation _____

** [ ]

Hotel 9. MELONIT SAVOY

** [ ]

Arrival BRITHISH AIRWAYS 660 / JUN 22 04:35
Airline & Flight No. | Date | Time of Arrival

** [ ]

Departure _____ _____ _____
Airline & Flight No. | Date | Time of Departure

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
		[ ]
		[ ]
		[ ]

Signature

To be Completed by Head of Family

ACCOMPANIED BY:

		**
MARIA CLARA EISENBAND	ESPOSA	20348 21-5-53
JEFFREY EISENBAND	HIJO	20349 24-6-76
DAVID EISENBAND	HIJO	20350 2-11-77
JONATHAN EISENBAND	HIJO	20351 25-7-81
VICTORIA E.DE POSADA	CUÑADA	20352 21-9-50

_____
Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989
Please attach an identity photo to this entry form.

13th maccabiah המכביה
israel 3-13.7.89 ישראל 3-13.7.89

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20360

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex	Food Type *
HAIME	MIGUEL	28 08 50	F X M	01 - REGULAR (circled) / 02 - VEGETARIAN

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
PE005364	01 02 03 04 05 06 07 08 09 10 11 12	CARRERA 69B # 19-66

** Profession / Occupation _____

** Hotel SHERATON

** _____

City	State	Zip
BOGOTA		

Country	Phone No.
COLOMBIA	2924700

Arrival: TW 884 (730) — Airline & Flight No. — JUNE 30 — Date — 11:15 — Time of Arrival

** _____

Departure: LY 209 (2) — Airline & Flight No. — JUL 24 — Date — 02:30 — Time of Departure

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
		**
		**

Signature (B)

To be Completed by Head of Family

ACCOMPANIED BY:

		**
RAQUEL DE HAIME	WIFE	20354 26-3-54
MARC HAIME	SON	20355 28-1-75
ALEXANDER HAIME	SON	20356 17-3-77
YONA HAIME	DAUGHTER	20357 10-4-78
ALAN HAIME	SON	20358 7-10-82

_____
Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989
Please attach an identity photo to this entry form.

13th maccabiah המכביה

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20364

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F M)	Food Type *
MINSKI	RUBEN	21-12-51	X	(01) REGULAR / 02 - VEGETARIAN

Passport No.	Participation At Previous Maccabiot *
PE0021433	01 02 03 04 05 06 07 08 09 10 11 12

Address (No. - Street - Apt): CARRERA 58 # 79 - 79

City: BARRANQUILLA — State — Zip

Country: COLOMBIA — Phone No.

**

Profession / Occupation _____

**

Hotel SHERATON

**

Arrival IBERIA 3018 — Airline & Flight No. — JULIO 1º — Date — Time of Arrival

**

Departure _____ — Airline & Flight No. — Date — Time of Departure

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
		**
		**

Signature

To be Completed by Head of Family

ACCOMPANIED BY:

		**
FRANCIS MINSKI	WIFE	20361 4-11-53
ELLIOT MINSKI	SON	** 20362 2-3-76
JOEL MINSKI	SON	** 20363 30-5-79
		**
		**

Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th maccabiah
המכביה ה13

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20367

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F M)	Food Type *
KHOUDARI AMRAM	ISAAC	26755	X	01 - REGULAR (circled) / 02 - VEGETARIAN

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
PE0110855	01 02 03 04 05 06 07 08 09 10 11 12	CALLE 11 #68-42

City	State	Zip
BOGOTA		

Country	Phone No.
COLOMBIA	2905066

**

Profession / Occupation _____

**

Hotel SHERATON

**

Arrival IBERIA 309 — Airline & Flight No. — JUNIO 30 — Date — Time of Arrival

**

Departure _____ — Airline & Flight No. — _____ — Date — _____ — Time of Departure

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
		**
		**

Signature

To be Completed by Head of Family

ACCOMPANIED BY:

		**
MORIS KHOUDARI	SON	20365 9-3-78
MIRO KHOUDARI	SON	20366 31-10-79
		**
		**
		**

_____
Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989
Please attach an identity photo to this entry form.

13th maccabiah המכביה
ישראל 3-13.7.89 · רמת-גן · ירושלים

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC ** 20378

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F M)	Food Type *
GUTT	MANUEL	12 11 49	X	(01) REGULAR / 02 - VEGETARIAN

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
PE0032955	01 02 03 04 05 06 07 08 09 10 11 12	CALLE 66 # 95-27

City	State	Zip
BOGOTA		

Country	Phone No.
COLOMBIA	2566418

** Profession / Occupation _____

** Hotel SHERATON

**

Arrival IBERIA 3018 (Airline & Flight No.) JUNIO 30 (Date) _____ (Time of Arrival)

**

Departure AZ 747 (Airline & Flight No.) JUL 15 (Date) 18:25 (Time of Departure)

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
		**
		**

Signature _____

To be Completed by Head of Family

ACCOMPANIED BY:

		**
DIANA GUTT	WIFE	20368 3-6-53
NATALIE GUTT	DAUGHTER	** 20372 22-6-72
ALEXIS GUTT	DAUGHTER	** 20370 11-9-74
ELIAS GUTT	SON	** 20371 21-2-77
		** 2

_____ Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989
Please attach an identity photo to this entry form.

13th maccabiah
המכביה
ישראל 13-28.6.89

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 203777

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F M)	Food Type *
HARF	BENJAMIN	26-1-51	X	(01) - REGULAR / 02 - VEGETARIAN

Passport No.	Participation At Previous Maccabiot *
AC4068887	01 02 03 04 05 06 07 08 09 10 11 12

Address (No. - Street - Apt): A. A. 3053 CALI

City: CALI — State — Zip

Country: COLOMBIA — Phone No.: 481623

** Profession / Occupation _____

** Hotel SHERATON

** IBERIA 3017 — JUNIO 30 — _____

Arrival — Airline & Flight No. — Date — Time of Arrival

** _____ — _____ — _____

Departure — Airline & Flight No. — Date — Time of Departure

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
		**
		**

Signature

To be Completed by Head of Family

ACCOMPANIED BY:

		**
JUDITH HARF	WIFE	203774
AARON HARF	SON	203775
JACOBO	SON	203776
		**
		**

Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989
Please attach an identity photo to this entry form.

13th maccabiah המכביה
ישראל 13-23.7.89

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20379

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F M)	Food Type *
GROSSMAN	ELISE	30 10 49	X	01 - REGULAR 02 - VEGETARIAN

Passport No.	Participation At Previous Maccabiot *
AC3300599	01 02 03 04 05 06 07 08 09 10 11 12

Address (No. - Street - Apt): DIAGONAL 94 # 3 - 90

City: BOGOTA — State — Zip

Country: COLOMBIA — Phone No.: 2570075

** Profession / Occupation _____

** Hotel SHERATON

** IBERIA 30 AB
Arrival — Airline & Flight No.

JUNIO 30
Date

Time of Arrival

** SK 772
Departure — Airline & Flight No.

JUL 14
Date

10;20
Time of Departure

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	
MAX. STEVEN GROSSMAN	FOOTBALL	** 3259 28-9-71
MAURICIO GROSSMAN	GOLF	** 3248 14-4-44
		**

Signature

To be Completed by Head of Family

ACCOMPANIED BY:

JOEL GROSSMAN	** 20378 26-1-76
	**
	**
	**
	**

Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989
Please attach an identity photo to this entry form.

13th maccabiah
המכביה
israel 3-13.7.89 ישראל

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC ** 20381

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F / M)	Food Type *
HOROWITZ	JEROME	02 05 25	X	01 - REGULAR / 02 - VEGETARIAN

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
F1649831	01 02 03 04 05 06 07 08 09 10 11 12	460 WYOMING AVENUE

City	State	Zip
MILLBURN	NEW JERSEY	07041

Country	Phone No.
USA	2013792162

Profession / Occupation: DENTIST — TEL AVIV **

Hotel: RAMADA CONTINENTAL 6/30/89 - 7/3/89 **

Arrival: EL AL 004 7,A — Airline & Flight No. — 6/30/89 — Date — 4:30 P.M. CKW ELAL — Time of Arrival **

Departure: EL AL 7132 — Airline & Flight No. — 7/13/89 — Date — 2:45 AM TO AMSTERDAM — Time of Departure **

To be Completed by Head of Family

ACCOMPANIED BY:

RITA T. HOROWITZ - F1649832	** 20380
RITA	**
	**
	**

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	
		**
		**
		**

Signature

Date

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

* Please Circle The Applicable

** For Office Use Only

13th maccabiah המכביה

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC ** 20385

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F M)	Food Type * (01 - REGULAR, 02 - VEGETARIAN)
WEILER	RHODA			

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
H 505509	01 02 03 04 05 06 07 08 09 10 11 12	

City	State	Zip

Country	Phone No.
USA	

** 02

Profession / Occupation _____

**

Hotel HILTON

**

Arrival EL AL ~~21~~ 002 7794 — 29.6.89 — 08:30
Airline & Flight No. — Date — Time of Arrival

~~29.6.89~~ ~~12:25 AM~~ (0.25)

**

Departure EL AL ~~3718~~
Airline & Flight No. — Date — Time of Departure

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
		** 1021
		**

To be Completed by Head of Family

ACCOMPANIED BY:

	**
	**
	** 20384
	**
	**

Signature

Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th maccabiah המכביה
israel 3-13.7.89 ישראל תשמ"ט ל'-יחה

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC ** 20386

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F M)	Food Type * (01 - REGULAR, 02 - VEGETARIAN)
ERDOS	BOB	2 8 30	M	01

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
D518042 USA	01 02 03 04 05 06 07 08 09 10 11 12	549 FAIRVIEW TERRACE

City	State	Zip
YORK	PA	17403

Country	Phone No.
UNITED STATES	(717) 854-9265

** Profession / Occupation BUSINESS EXECUTIVE (PHONOGRAPH RECORDS) **

Hotel TEL AVIV HILTON **

* Arrival EL AL ~~316~~ 002 7298 Airline & Flight No. — 29.6.89 ~~30 JUNE~~ Date — 08:30 ~~12:25 AM~~ Time of Arrival 5 after midnight

** 7142

Departure EL AL 315 ~~316~~ Airline & Flight No. — JULY 14 Date — 12:00 NOON Time of Departure

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
MICHAEL ERDOS	BASKETBALL (BRITAIN MACCABI)	** 00123 1 **

Signature

To be Completed by Head of Family

ACCOMPANIED BY:

	Passport No.	**
ERDA ERDOS	D518041 02	** 0382
GAIL ERDOS	E414 7460 2	** 0383
SUSAN ERDOS	F078371 02	** 0384

8 MAY 1989
Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form. PHOTOS FOR ALL FOUR VIPS SENT EARLIER

* SUSAN ERDOS WILL ARRIVE SEPARATELY - EL AL FLIGHT NO. 316 30 JUNE — TIME = ~~6:25 AM~~ 00:30 ← CAN SHE BE MET?

13th maccabiah המכביה
ישראל 3-13.7.89

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 020390

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F M)	Food Type * (01 - REGULAR, 02 - VEGETARIAN)
KODSI	JOSEPH			

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
EJ438988	01 02 03 04 05 06 07 08 09 10 11 12	850 NORTH ATLANTIC AV. 8201

City	State	Zip
COCOA BEACH	FLA	32931

Country	Phone No.
USA	

** Profession / Occupation _____ **

** Hotel _____

**

Arrival 210 7791 29.6.89 10:00
Airline & Flight No. Date Time of Arrival

**

Departure _____ _____ _____
Airline & Flight No. Date Time of Departure

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	
ISAAC KODSI	BASKETBALL	** 002950
		**
		**

To be Completed by Head of Family

ACCOMPANIED BY:

AMY KODSI	** 20387
DANIEL KODSI	** 20388
NANCY KODSI	** 20389
	**
	**

Signature

Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989
Please attach an identity photo to this entry form.

13th maccabiah המכביה
Israel 3-13.7.89 ישראל 3-13.7.89

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

V.I.P

Entry Form by Name

** NOC

** 20393

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F M)	Food Type * (01 - REGULAR, 02 - VEGETARIAN)
LEVY	STANLEY	190734	X	

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
022343814	01 02 03 04 05 06 07 08 09 10 11 12	3006 MEADOWBROOK

City	State	Zip
CHAMPAIGN	IL	61821

Country	Phone No.
USA	2173527103

Profession / Occupation: Vice Chancellor **

Hotel: Not Applicable **

Arrival: TWA 884 (7021) — Airline & Flight No. — July 2 — Date — 11:25 a.m. — Time of Arrival **

Departure: TWA 807 — Airline & Flight No. — July 22 — Date — 7:40 am — Time of Departure **

To be Completed by Head of Family

ACCOMPANIED BY:

John W. Levy	** 20391
Marcia J. Levy	** 20392
	**
	**
	**

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
Scott A Levy	Basketball-Great Britain	00 1 2 3 4
		**
		**

Stanley R. Levy
Signature

5/25/89
Date

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

* Please Circle The Applicable

** For Office Use Only

13th maccabiah
המכביה ה-13
ישראל 13-23.7.89

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC ** 20395

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F / M)	Food Type *
FINERMAN	RALPH	10 2 35	X	(01 - REGULAR) / 02 - VEGETARIAN

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
061421520	01 02 03 04 05 06 07 08 09 10 11 12	1185 AVENUE OF THE AMERICAS

City	State	Zip
NEW YORK	NEW YORK	10036

Country	Phone No.
UNITED STATES	2125231570

Profession / Occupation _____ ** 92

Hotel DAN **

Arrival ELAL #10 7039 — Airline & Flight No. — 7/3/89 — Date — 9:35 AM — Time of Arrival

Departure ELAL #1 7131 — Airline & Flight No. — 7/13/89 — Date — 1:00 AM — Time of Departure

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
ALISSA FINERMAN	TENNIS	2129

Ralph Finerman
Signature

To be Completed by Head of Family

ACCOMPANIED BY:

	**
ADAM FINERMAN	~~20394~~

Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989
Please attach an identity photo to this entry form.

13th maccabiah המכביה
ישראל 3-13.7.89

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20398

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F M)	Food Type * (01 - REGULAR, 02 - VEGETARIAN)
ROSENBLATT	ERWIN			

Passport No.	Participation At Previous Maccabiot * (01 02 03 04 05 06 07 08 09 10 11 12)	Address (No. - Street - Apt)

City	State	Zip

Country	Phone No.
USA	

** Profession / Occupation _____

** Hotel _____

**

Arrival 066 from LONDON 727 27/6 Airline & Flight No. / Date / Time of Arrival 13:30

**

Departure _____ Airline & Flight No. / Date / Time of Departure

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
		**
		**

To be Completed by Head of Family

ACCOMPANIED BY:

	**
SELMA	20396
SCOTT	20397
	**
	**
	**

_____
Signature

_____
Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th maccabiah המכביה

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20405

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F M)	Food Type *
UNGERMAN	IRVING			01 - REGULAR 02 - VEGETARIAN

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
	01 02 03 04 05 06 07 08 09 10 11 12	

Profession / Occupation TEAM OFFICIAL **

**

Hotel ____ **

City	State	Zip

Country	Phone No.
CAN	

Arrival ____ Airline & Flight No. **

____ Date

____ Time of Arrival

Departure ____ Airline & Flight No. **

____ Date

____ Time of Departure

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	
—		**
		**
		**

To be Completed by Head of Family

ACCOMPANIED BY:

	**
	**
	**
	**
	**

____ Signature

____ Date

* Please Circle The Applicable

** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th maccabiah המכביה ה13

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20406

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F M)	Food Type *
LITWIN	FRED		X	01 - REGULAR 02 - VEGETARIAN

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
	01 02 03 04 05 06 07 08 09 10 11 12	

Profession / Occupation TEAM OFFICIAL **

Hotel **

City	State	Zip

Country	Phone No.
CAN	

Arrival _____ (Airline & Flight No.) _____ (Date) _____ (Time of Arrival)

**

Departure _____ (Airline & Flight No.) _____ (Date) _____ (Time of Departure)

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	
		**
		**
		**

To be Completed by Head of Family

ACCOMPANIED BY:

	**
	**
	**
	**
	**

Signature

Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th maccabiah
המכביה
ישראל 3-13.7.89

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20409

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F M)	Food Type *
SHUSTER-BELMAN	SAMUEL	02 18 56	X	01 - REGULAR 02 - VEGETARIAN

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
PE0100500	01 02 03 04 05 06 07 08 09 10 11 12	CALLE SAN ANTONIO #25-110 Pº 2º

City	State	Zip
CARTAGENA		

Country	Phone No.
COLOMBIA	653970

**

Profession / Occupation ECONOMISTA

**

Hotel SHERATON

**

Arrival LY 396 (Airline & Flight No.) JUNIO 27 (Date) 11:30 (Time of Arrival)

**

Departure AO 302 (Airline & Flight No.) JULIO 16 (Date) 09:35 (Time of Departure)

To be Completed by Head of Family

ACCOMPANIED BY:

FANNY GROSSMAN	WIFE	20407	** 15-04-54
VALERIA SHUSTER	DOUGHTER	20408	** 19-08-85
			**
			**
			**

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
		3291
		3248

Signature

Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th maccabiah
המכביה
israel 3-13.7.89 ישראל

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20412

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F M)	Food Type * (01 - REGULAR, 02 - VEGETARIAN)
KASSIN	RAFAEL	27 02 44	X	

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
PG004614	01 02 03 04 05 06 07 08 09 10 11 12	CARRERA 4ª # 91A - 43

City	State	Zip
BOGOTA		

Country	Phone No.
COLOMBIA	575423

** Profession / Occupation _____

** Hotel SHERATON

**

Arrival IB 886 (Airline & Flight No.) JUNIO 30 (Date) 18:30 (Time of Arrival)

**

Departure IB 887 (Airline & Flight No.) JULIO 19 (Date) 18:10 (Time of Departure)

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
		**
		**

Signature

To be Completed by Head of Family

ACCOMPANIED BY:

			**
KASSIN MYRIAM	WIFE	20410	26-6-49
KASSIN FARIDA	DOUGHTER	20411	12-3-76
			**
			**
			**

Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th maccabiah
המכביה

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 020413

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F M)	Food Type *
SILBERBLUM	SAMUEL	20-10-10	X	01 - REGULAR (circled) / 02 - VEGETARIAN

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
P0608511	01 02 03 04 05 06 07 08 09 10 11 12	CARRERA 43 # 87 - 79

City	State	Zip
BARRANQUILLA		

Country	Phone No.
COLOMBIA	3431422

Profession / Occupation _____ **

Hotel SHERATON **

Arrival IBERIA 3018 (Airline & Flight No.) JUNIO 30 (Date) _____ (Time of Arrival) **

Departure _____ (Airline & Flight No.) _____ (Date) _____ (Time of Departure) **

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
		**
		**

To be Completed by Head of Family

ACCOMPANIED BY:

	**
	**
	**
	**
	**

_____
Signature

_____
Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th maccabiah המכביה

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC ** 20420

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F M)	Food Type * (01 - REGULAR, 02 - VEGETARIAN)
BURSZTYN	ISAAC	30 09 44	X	

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
PE013933	01 02 03 04 05 06 07 08 09 10 11 12	CARRERA 8#84-21APTO1201

City	State	Zip
BOGOTA		

Country	Phone No.
COLOMBIA	2180228

**

Profession / Occupation _____

**

Hotel SHERATON

**

Arrival IB 886 G 30B — Airline & Flight No. — JUNIO 30 — Date — 18:30 — Time of Arrival

**

Departure SK 772 7144 — Airline & Flight No. — JUL 14 — Date — 10:20 — Time of Departure

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
		**
		**

Signature

To be Completed by Head of Family

ACCOMPANIED BY:

			**
BURSZTYN FRIDA	WIFE	20416	29-11-47
BURSZTYN ALLAN	SON	20417	** 11-7-77
BURSZTYN JOHANNA	DAUGHTER	20418	** 7-9-82
BURSZTYN JACK	SON	20419	** 5-6-70

Date

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

* Please Circle The Applicable

** For Office Use Only

13th maccabiah המכביה
israel 3-13.7.89 ישראל-תשכ"ט ל'-יתמוז תשמ"ט

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20423

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F M)	Food Type *
BAKALARZ	JULIUS	22 02 22	X	01 - REGULAR (circled) / 02 - VEGETARIAN

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
AC063213	01 02 03 04 05 06 07 08 09 10 11 12	CALLE 101 #20-77

City	State	Zip
BOGOTA		

Country	Phone No.
COLOMBIA	2562002

Profession / Occupation _____ **

Hotel HILTON **

**

Arrival PA 118 (Airline & Flight No.) JULIO 1º (Date) 17:00 (Time of Arrival)

**

Departure PA 115 (Airline & Flight No.) JULIO 18 (Date) 06:05 (Time of Departure)

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
		**
		**

Signature

To be Completed by Head of Family

ACCOMPANIED BY:

			**
HELENA BAKALARZ	WIFE	20421	13-11-28
STEVEN BAKALARZ	SON	20422	**
			**
			**
			**

Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989
Please attach an identity photo to this entry form.

13th maccabiah המכביה
ישראל 3-13.7.89

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20424

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F / M)	Food Type *
TRANSLATEUR	SIGIFREDO	5-17-51	X	01 - REGULAR (circled) / 02 - VEGETARIAN

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
AB415853	01 02 03 04 05 06 07 08 09 10 11 12	CALLE 24 # 4N06 CALI

City	State	Zip
CALI		

Country	Phone No.
COLOMBIA	684813

Profession / Occupation _____ **

Hotel SHERATON **

** 3018

Arrival IBERIA — JULIO 30 — _____
Airline & Flight No. — Date — Time of Arrival

**

Departure _____ — _____ — _____
Airline & Flight No. — Date — Time of Departure

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	
		**
		**
		**

To be Completed by Head of Family

ACCOMPANIED BY:

	**
	**
	**
	**
	**

Signature

Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989
Please attach an identity photo to this entry form.

13th maccabiah
המכביה ה-13

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20425

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F M)	Food Type *
SASSON ADES	JOSEPH	12 10 48	X	(01) REGULAR; 02 - VEGETARIAN

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
PE0044431	01 02 03 04 05 06 07 08 09 10 11 12	CARRERA 18 # 86A - 85

City	State	Zip
BOGOTA		

Country	Phone No.
COLOMBIA	2577151

Profession / Occupation _____ **

Hotel SHERATON **

Arrival IB 886 G (3019) — Airline & Flight No. — JUNIO 30 — Date — 18:30 — Time of Arrival **

Departure IB 889 — Airline & Flight No. — JULIO 16 — Date — 18:10 — Time of Departure **

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
		**
		**

To be Completed by Head of Family

ACCOMPANIED BY:

	**
	**
	**
	**
	**

_____
Signature

_____
Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989
Please attach an identity photo to this entry form.

13th maccabiah
המכביה
israel 3-13.7.89 ישראל-תמוז-תשמ"ט

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20428

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F M)	Food Type * (01 - REGULAR, 02 - VEGETARIAN)
ENGEL	JEFFREY			

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
KF2554443	01 02 03 04 05 06 07 08 09 10 11 12	116 OLD FOREST HILL RD

City	State	Zip
TORONTO	ONTARIO	M5P2R9

Country	Phone No.
CANADA	

** Profession / Occupation _____

** Hotel YAMIT TOWER

**

Arrival _____ (Airline & Flight No.) _____ (Date) _____ (Time of Arrival)

**

Departure _____ (Airline & Flight No.) _____ (Date) _____ (Time of Departure)

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
		**
		**

To be Completed by Head of Family

ACCOMPANIED BY:

	**
SHEILA (WIFE) PASSP. ES3672246	20426
JOSHOA (SON-H) PASSP. KF2554443	20427
	**
	**
	**

Signature

Date

* Please Circle The Applicable

** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th maccabiah המכביה

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20433

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F M)	Food Type * (01 - REGULAR, 02 - VEGETARIAN)
ATKINS	MARTIN			

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
RK411016	01 02 03 04 05 06 07 08 09 10 11 12	249 WARREN ROAD

City	State	Zip
TORONTO	ONT	M4V 2S7

Country	Phone No.
CANADA	

** Profession / Occupation _____

** Hotel SHERATON

**

Arrival EL-AL — Airline & Flight No. — 29.6.89 — Date — Time of Arrival

**

Departure AITALIA 747 — Airline & Flight No. — 17.7.89 — Date — 18:25 — Time of Departure

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
		**
		**

To be Completed by Head of Family

ACCOMPANIED BY: PASSPORT

	**
FLORINE (WIFE-42) KS159912	20429
LARA (child-17) RK411015	20430
JANA (" - 15) KS159912	20431
LUCAS (" - 10) KS159912	20432
	**

Signature

Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989
Please attach an identity photo to this entry form.

13th maccabiah המכביה
ישראל 3-13.7.89

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20439

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F M)	Food Type * (01 - REGULAR, 02 - VEGETARIAN)
SHARFE	SHERWOOD			

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
SH230485	01 02 03 04 05 06 07 08 09 10 11 12	3826 BALFOUR PL

City	State	Zip
SASKATOON	SK	S7H3Z7

Country	Phone No.
CANADA	

** Profession / Occupation _____

** Hotel CARLTON, T.A.

**

Arrival _____ (Airline & Flight No.) 29.6.89 (Date) _____ (Time of Arrival)

**

Departure _____ (Airline & Flight No.) 16.7.89 (Date) _____ (Time of Departure)

**

**

**

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport
KEVIN SHARFE	GYMNASTICS

To be Completed by Head of Family

1) PASSP. SH230486 ACCOMPANIED BY: PASS.
ELAINE SHARFE (WIFE-46)
2) PASSP. EJ658641
ROBERT SHARFE (23)
3) EJ401802
PAMELA SHARFE (19)
KEVIN SHARFE (13)

** 20434
** 20435
** 20437
** 20438
**

Signature

Date

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989
Please attach an identity photo to this entry form.

* Please Circle The Applicable
** For Office Use Only

13th maccabiah המכביה
ישראל 3-13.7.89

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20441

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F / M)	Food Type * (01 - REGULAR, 02 - VEGETARIAN)
STARR	ROSE		F	

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
SH 785318	01 02 03 04 05 06 07 08 09 10 11 12	3555 COTE DES NEIGES 412

City	State	Zip
MONTREAL	QUE.	H3H 1V2

Country	Phone No.
CANADA	

** Profession / Occupation _____

** Hotel SHERATON

**

Arrival _____ (Airline & Flight No.) 29.6.89 (Date) _____ (Time of Arrival)

**

Departure _____ (Airline & Flight No.) _____ (Date) _____ (Time of Departure)

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
		**
		**

To be Completed by Head of Family

ACCOMPANIED BY:

	**
ERNEST STARR PASSP. 785327	** 20440
	**
	**
	**
	**

_____
Signature

_____
Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989
Please attach an identity photo to this entry form.

13th maccabiah המכביה

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20442

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F / M)	Food Type * (01 - REGULAR, 02 - VEGETARIAN)
EKLOVE	DEBRA		X	

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
SH948002	01 02 03 04 05 06 07 08 09 10 11 12	55 HARRISON ROAD

City	State	Zip
WILLOWDALE	ONTARIO	M2L 1V7

Country	Phone No.
CANADA	

** Profession / Occupation _____

** Hotel RAMADA TEL-AVIV

**

Arrival _____ (Airline & Flight No.) 29.6.89 (Date) _____ (Time of Arrival)

**

Departure _____ (Airline & Flight No.) 16.7.89 (Date) _____ (Time of Departure)

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
BOB COHEN	SOFT BALL	**
		**

To be Completed by Head of Family

ACCOMPANIED BY:

	**
	**
	**
	**
	**

_____
Signature

_____
Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th maccabiah המכביה

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20443

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F / M)	Food Type *
JACOBSON	CARRIE		X	01 - REGULAR 02 - VEGETARIAN

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
NW102545	01 02 03 04 05 06 07 08 09 10 11 12	360 RIDELLE AV. APT. 2214

City	State	Zip
TORONTO	ONTARIO	M6B1K1

Country	Phone No.
CANADA	

** Profession / Occupation _____

** Hotel _____

**

Arrival _____ 28.6.89 _____
Airline & Flight No. Date Time of Arrival

**

Departure _____ 16.7.89 _____
Airline & Flight No. Date Time of Departure

To be Completed by Head of Family

ACCOMPANIED BY:

If Family Members are Athletes or part of a Delegation please give details: Name	Sport	**
		**
		**

**
**
**
**
**

Signature

Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th maccabiah
המכביה ה13

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20444

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F / M)	Food Type * (01 - REGULAR, 02 - VEGETARIAN)
GOLDSMITH	FRED		X	

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
2G101543	01 02 03 04 05 06 07 08 09 10 11 12	310 GENEVA CRESCENT

City	State	Zip
TOWN OF MT ROYAL	QUE	H3R2A9

Country	Phone No.
CANADA	

** Profession / Occupation _____ **

Hotel DAN CAESAREA **

**

Arrival _____ (Airline & Flight No.) 28/29.6.? (Date) _____ (Time of Arrival)

**

Departure _____ (Airline & Flight No.) 16.7.89 (Date) _____ (Time of Departure)

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport
DEBORAH GOLDSMITH	GOLF

** **

** **

** **

Signature

To be Completed by Head of Family

ACCOMPANIED BY:

_____ **

_____ **

_____ **

_____ **

_____ **

Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th maccabiah המכביה
ישראל 3-13.7.89 שראל

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20445

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F / M)	Food Type * (01 - REGULAR, 02 - VEGETARIAN)
JAMES	MICHAEL		X	

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
LG494969	01 02 03 04 05 06 07 08 09 10 11 12	3333 SW HARINE DRIVE

City	State	Zip
VANCOUVER	BC	V6N 3H8

Country	Phone No.
CANADA	

** Profession / Occupation _____

** Hotel _____

**

Arrival EL-AL Ly 318 — Airline & Flight No. | 7026 | 2.7.89 — Date | 5:15 AM — Time of Arrival

**

Departure _____ — Airline & Flight No. | _____ — Date | _____ — Time of Departure

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport
MARK JAMES	

**
**
**

To be Completed by Head of Family

ACCOMPANIED BY:

_____
_____
_____
_____
_____

**
**
**
**
**

_____
Signature

_____
Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989
Please attach an identity photo to this entry form.

13th maccabiah המכביה
ישראל 3-13.7.89

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20446

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F / M)	Food Type * (01 - REGULAR, 02 - VEGETARIAN)
ZITMAN	SARI		X	

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
NW189271	01 02 03 04 05 06 07 08 09 10 11 12	6111 AV. DU BOISE 15J

City	State	Zip
MONTREAL	QUE	H3S2V8

Country	Phone No.
CANADA	

**

Profession / Occupation _____

**

Hotel CARLETON

**

Arrival 018 (?) — Airline & Flight No. | 29.6.89 — Date | 07:30 — Time of Arrival

**

Departure 385 (?) — Airline & Flight No. | 17.7.89 — Date | 14:00 — Time of Departure

To be Completed by Head of Family

ACCOMPANIED BY:

		**
HOWARD GRUNDMAN		52

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
HOWARD GRUNDMAN	BOWLING (COACH)	2982

_____
Signature

_____
Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989
Please attach an identity photo to this entry form.

13th maccabiah
המכביה
ישראל 3-13.7.89

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20448

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F M)	Food Type *
WIESHOPF	HARVEY			01 - REGULAR 02 - VEGETARIAN

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
SH 852491	01 02 03 04 05 06 07 08 09 10 11 12	6837 BANTING

City	State	Zip
COTE ST. LUC	QUEBEC	

Country	Phone No.
CANADA	

** Profession / Occupation _____

** Hotel DAN CAESAREA

**

Arrival _____ (Airline & Flight No.) _____ (Date) _____ (Time of Arrival)

**

Departure _____ (Airline & Flight No.) _____ (Date) _____ (Time of Departure)

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport
WIESHOPF NAOMI	GOLF

**
**
**

To be Completed by Head of Family

ACCOMPANIED BY:

**
**
**
**
**

Signature

Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th maccabiah
המכביה ה13
israel 3-13.7.89 ישראל

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20449

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F / M)	Food Type * (01 - REGULAR, 02 - VEGETARIAN)
RESNICK	RON		X	

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
RK548684	01 02 03 04 05 06 07 08 09 10 11 12	GENERAL DELIVERY

City	State	Zip
BALTIMORE	ONTARIO	K0K1C0

Country	Phone No.

** Profession / Occupation _____

** Hotel _____

**

Arrival _____ Airline & Flight No. TEAM FLT 2906 — Date 29.6.89 — Time of Arrival _____

**

Departure _____ Airline & Flight No. 2 — Date 19.7.89 — Time of Departure _____

To be Completed by Head of Family

ACCOMPANIED BY: ANITA HALPERN (33)

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
ANITA HALPERN	SQUASH	2963
		**
		**

** ** ** ** **

Signature

Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th maccabiah
המכביה ה-13
israel 3-13.7.89 ישראל

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC [ ]

** 20450

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F / M)	Food Type *
DUPUIS-KALLOS	DIANE		X	01 - REGULAR 02 - VEGETARIAN

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
KF715645	01 02 03 04 05 06 07 08 09 10 11 12	5207 BOURRET #2

City	State	Zip
MONTREAL	QUE	

Country	Phone No.
CANADA	

Profession / Occupation _____ ** [ ]

Hotel GRAND BEACH HOTEL ** [ ]

** [ ]

Arrival EL-AL 265 — Airline & Flight No. — 26.6.89 — Date — Time of Arrival

** [ ]

Departure _____ — Airline & Flight No. — 16.7.89 — Date — Time of Departure

To be Completed by Head of Family

ACCOMPANIED BY:

GARRY KALLOS

** 56

** [ ]

** [ ]

** [ ]

** [ ]

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
GARRY KALLOS	WRESTLING COACH	2908
		[ ]
		[ ]

_____
Signature

_____
Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989
Please attach an identity photo to this entry form.

13th maccabiah המכביה
ישראל 3-13.7.89

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20454

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F M)	Food Type * (01 - REGULAR, 02 - VEGETARIAN)
GREER	STEPHANIE			

Passport No.	Participation At Previous Maccabiot * (01 02 03 04 05 06 07 08 09 10 11 12)	Address (No. - Street - Apt)
		30 HAVENDALE ROAD

City	State	Zip
SCARBOROUGH		

Country	Phone No.
CANADA	

** Profession / Occupation _____

** Hotel _____

**

Arrival _____ 28/6 _____
Airline & Flight No. Date Time of Arrival

**

Departure _____ 16/7 _____
Airline & Flight No. Date Time of Departure

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	
TOM GREER	BRIDGE	** 2968
(SPOUSE)		**
		**

To be Completed by Head of Family

ACCOMPANIED BY:

	**
	**
	**
	**
	**

Signature

Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989
Please attach an identity photo to this entry form.

13th maccabiah המכביה
ישראל 3-13.7.89

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20452

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F M)	Food Type *
KIRSH	CINDY		X	01 - REGULAR 02 - VEGETARIAN

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
	01 02 03 04 05 06 07 08 09 10 11 12	1001 BAY ST APT 2003

City	State	Zip
TORONTO		M5S3A6

Country	Phone No.
CANADA	

** Profession / Occupation _____

** Hotel CARLTON

**

Arrival _____ (Airline & Flight No.) 28.6. (Date) _____ (Time of Arrival)

**

Departure _____ (Airline & Flight No.) _____ (Date) _____ (Time of Departure)

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport
STEPHEN DARONS	BRIDGE
(SPOUSE)	

** 4523

**

**

To be Completed by Head of Family

ACCOMPANIED BY:

**

**

**

**

**

_____
Signature

_____
Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989
Please attach an identity photo to this entry form.

13th maccabiah המכביה
ישראל 3-13.7.89

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20454

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F / M)	Food Type *
ITKOW	HELEN		X	01 - REGULAR 02 - VEGETARIAN

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
AMERICAN Z57935449	01 02 03 04 05 06 07 08 09 10 11 12	672 AV DES PINS EST

City	State	Zip
ST SAUVEUR QUEB		

Country	Phone No.
CANADA	

** Profession / Occupation _____

** Hotel _____

**

Arrival 018 (Airline & Flight No.) 29.6.89 (Date) 06:55 (Time of Arrival)

**

Departure _____ (Airline & Flight No.) 20.7.89 (Date) _____ (Time of Departure)

To be Completed by Head of Family

ACCOMPANIED BY:

	Name	Sport	**
	LEE FINE	SWIMMING	4196

**	

If Family Members are Athletes or part of a Delegation please give details:

_____
Signature

_____
Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989
Please attach an identity photo to this entry form.

13th maccabiah המכביה

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20455

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F / M)	Food Type * (01 - REGULAR, 02 - VEGETARIAN)
HARTMANGRUBER	MICHELE		X	

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
AMERICAN 130064493	01 02 03 04 05 06 07 08 09 10 11 12	4866 COTE DE NIEGES 806

City	State	Zip
MONTREAL	QUE	

Country	Phone No.
CANADA	

**

Profession / Occupation _____

**

Hotel GRAND BEACH HOTEL

**

Arrival _____ (Airline & Flight No.) 28.6.89 (Date) _____ (Time of Arrival)

**

Departure _____ (Airline & Flight No.) 31.7.89 (Date) _____ (Time of Departure)

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
		**
		**

To be Completed by Head of Family

ACCOMPANIED BY:

	**
	**
	**
	**
	**

Signature

Date

* Please Circle The Applicable

** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th maccabiah המכביה

ישראל תשמ"ט ל' סיון - יתמוז תשמ"ט 3-13.7.89 israel

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20453

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F M)	Food Type * (01 - REGULAR, 02 - VEGETARIAN)
FINE	MIRIAM			

Passport No. AMERICAN	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
25793550	01 02 03 04 05 06 07 08 09 10 11 12	21 MALTA AV

City	State	Zip
DDO	QUE	H9B2E6

Country	Phone No.

** Profession / Occupation _____

** Hotel _____

**

Arrival _____ 7. 29.6.89
Airline & Flight No. Date Time of Arrival

**

Departure _____ 2. 20.7.89
Airline & Flight No. Date Time of Departure

To be Completed by Head of Family

ACCOMPANIED BY:

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
JEE FINE	SWIMMING	4196
		**
		**

**	**

Signature

Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th maccabiah המכביה
ישראל 3-13.7.89

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20456

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F / M)	Food Type * (01 - REGULAR, 02 - VEGETARIAN)
LOHAIN	FRANCINE		X	

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
LG 531394	01 02 03 04 05 06 07 08 09 10 11 12	35 LYNCROFT

City	State	Zip
MONTREAL	QUE	H3X 3E3

Country	Phone No.
CANADA	

** Profession / Occupation _____

** Hotel KING DAVID

**

Arrival 010 (Airline & Flight No.) 29.6. (Date) 6:00 AM (Time of Arrival)

**

Departure EL 541 (Airline & Flight No.) 17.7. (Date) 6:20 AM (Time of Departure)

To be Completed by Head of Family

ACCOMPANIED BY:

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
		**
		**

**
**
**
**
**

Signature

Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20457

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F / M)	Food Type * (01 - REGULAR, 02 - VEGETARIAN)
SEGAL	ALVIN		X	

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
LG256054H	01 02 03 04 05 06 07 08 09 10 11 12	35 LYNCROFT

City	State	Zip
MONTREAL	QUE	H3X3E3

Country	Phone No.

Profession / Occupation _____ **

Hotel KING DAVID **

**

Arrival 010 (?) — Airline & Flight No. — 29.6.89 — Date — 06:00 — Time of Arrival

**

Departure EL-AL 541 (?) — Airline & Flight No. — 17.7.89 — Date — 06:20 — Time of Departure

To be Completed by Head of Family

ACCOMPANIED BY:

Name	Sport	
		**
		**
		**

If Family Members are Athletes or part of a Delegation please give details:

	**
	**
	**
	**

Signature

Date

* Please Circle The Applicable

** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th maccabiah המכביה
ישראל 3-13.7.89

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20458

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F M)	Food Type * (01 - REGULAR, 02 - VEGETARIAN)
GARBER	ANN			

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
EJ 147726	01 02 03 04 05 06 07 08 09 10 11 12	706 - 229 CASSANDRA BLVD

City	State	Zip
DONMILLS	ONTARIO	M3A 1V3

Country	Phone No.
CAN	

** Profession / Occupation _____

** Hotel _____

**

Arrival _____ 29/6 _____
Airline & Flight No. Date Time of Arrival

**

Departure _____ 16/7 _____
Airline & Flight No. Date Time of Departure

To be Completed by Head of Family

ACCOMPANIED BY:

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	
Jeff GARBER	RUGBY	** 2869

**

**

**

**

**

Signature

Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989
Please attach an identity photo to this entry form.

13th maccabiah המכביה
ישראל 3-13.7.89

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC ** 20459

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F M)	Food Type * (01 - REGULAR, 02 - VEGETARIAN)
GARBER	ELISA			

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
042407115	01 02 03 04 05 06 07 08 09 10 11 12	3802 NW 34TH ST

City	State	Zip
LAUDERDALE LAKES	FL	

Country	Phone No.
USA	

** Profession / Occupation _____

** Hotel _____

**

Arrival _____ Airline & Flight No. _____ Date 2-7 Time of Arrival _____

**

Departure _____ Airline & Flight No. _____ Date 2/7 Time of Departure _____

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
SANDY GARBER	RUGBY	** 2870
		**

To be Completed by Head of Family

ACCOMPANIED BY:

	**
	**
	**
	**
	**

Signature

Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989
Please attach an identity photo to this entry form.

VIP

13th maccabiah המכביה
ישראל 13-26.7.89 · israel

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC ____ ** 20460

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F / M)	Food Type *
URBAN	RICHARD	21 4 24	M ✓	01 - REGULAR (circled) / 02 - VEGETARIAN

Passport No.	Participation At Previous Maccabiot *
M 437127	01 02 03 04 05 06 07 08 09 10 11 12 (08 09 10 11 12 circled)

Address (No. - Street - Apt): 6 HILLCREST AVENUE

City: EDGWARE — State: MIDDLESEX — Zip: HA8 8PA

Country: ENGLAND — Phone No.: 01 958 7623

** ____ JMC

Profession / Occupation: MANAGER

** ____ 20

Hotel: NEAR MACCABIAH

** ____

Arrival: BA 660 7294 — Airline & Flight No. — JUNE 29th 89 — Date — 04.10pm — Time of Arrival

** ____

Departure: BA TO T.A — Airline & Flight No. — 14.7.89 — Date — Time of Departure

2

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
		____
MEMBER of the ORGANIZING COMMITTEE		____
		____

Signature

To be Completed by Head of Family

ACCOMPANIED BY:

	**
	____
	____
	____
	____
	____

Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989
Please attach an identity photo to this entry form.

13th maccabiah המכביה
ישראל 3-13.7.89

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 2046 1

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F M)	Food Type *
URBAN	RUTH	17 7 23	✓	(01) - REGULAR ✓ / 02 - VEGETARIAN

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
288060 R	01 02 03 04 05 06 07 08 (09) (10) (11) (12)	6 HILLCREST AVENUE

City	State	Zip
EDGWARE	MIDDLESEX	HA8 8PA

Country	Phone No.
ENGLAND	01 958 7623

** Profession / Occupation HOUSEWIFE

** Hotel HEAD MACCABIA

54

** Arrival BA 660 7294 — Airline & Flight No. — JUNE 29th 89 — Date — 04.10 Am — Time of Arrival

** Departure KLM 1.T.A. (2) — Airline & Flight No. — 14.7.89 — Date — Time of Departure

To be Completed by Head of Family

ACCOMPANIED BY:

Name	Sport	**
WIFE of MEMBER of ORGANIZING COMMITTEE		**
		**

	**
	**
	**
	**
	**

If Family Members are Athletes or part of a Delegation please give details:

Signature

Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th maccabiah המכביה

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC [ ] ** 20462

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F / M)	Food Type *
RAYMAN	BERYL		X	01 - REGULAR 02 - VEGETARIAN

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
	01 02 03 04 05 06 07 08 09 10 11 12	

City	State	Zip

Country	Phone No.
ENGLAND	

** [ ]

Profession / Occupation _____

** [ ]

IMC 88 // SPOUSE

Hotel _____

** [ ]

Arrival LY 016 7281 — Airline & Flight No. — 28.6. — Date — Time of Arrival

** [ ]

Departure ELAL LY 315 7/47 — Airline & Flight No. — 18.7. — Date — 12:00 — Time of Departure

To be Completed by Head of Family

ACCOMPANIED BY:

Name	Sport	**
		** [ ]
		** [ ]
		** [ ]

	**
	** [ ]
	** [ ]
	** [ ]
	** [ ]
	** [ ]

If Family Members are Athletes or part of a Delegation please give details:

_____ Signature

_____ Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th maccabiah המכביה
ישראל 3-13.7.89

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

V.I.P

Entry Form by Name

** NOC

** 20463

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F M)	Food Type * (01 - REGULAR, 02 - VEGETARIAN)
RAYMAH	ERIC	16 8 22	X	01

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
797331 F	01 02 03 04 05 06 07 08 09 10 11 12	8 LINDEN LEA

City	State	Zip
LONDON	N2	0QS

Country	Phone No.
ENGLAND	01 458 3055

** IMC 20

Profession / Occupation COMPANY DIRECTOR **

Hotel HILTON HOTEL **

** LY 016 ~~EX 016~~

Arrival 27 JUNE 1989 — Airline & Flight No. — 7231 Date — Time of Arrival

**

Departure ~~EX~~ AL LY315 7142 — Airline & Flight No. — 18 JULY Date — 1200 Time of Departure

To be Completed by Head of Family

ACCOMPANIED BY:

BEGYL RAYMAH ** 20462

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	
ERIC RAYMAH	TENNIS	**
BEGYL RAYMAH	BROADCASTING CAMERAMAN	**
		**

	**
	**
	**

E. Raymah
Signature

Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989
Please attach an identity photo to this entry form.

13th maccabiah המכביה
ישראל 3-13.7.89

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20464

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F M)	Food Type * (01 - REGULAR, 02 - VEGETARIAN)
GRADON	KENNETH JACOB	20 7 19	M	01

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
743908F	01 02 03 04 05 06 07 08 09 10 11 12	4 MEADWAY GATE

City	State	Zip
LONDON	UK	NW11 7GB

Country	Phone No.
UK	458 3645

Profession / Occupation: CO-DIRECTOR **

IMC 20

Hotel: KFAR HAMACCABIA **

Arrival: EL AL LY 318 (7306) — Airline & Flight No. — 30/6/89 Date — 06.25 Time of Arrival **

Departure: LY 315 ? 7147 — Airline & Flight No. — 13/7/89 Date — 12. Noon Time of Departure **

To be Completed by Head of Family

ACCOMPANIED BY:

Name	Sport	**
		**
		**
		**

	**
	**
	**
	**

If Family Members are Athletes or part of a Delegation please give details:

Signature

8/5/89
Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th maccabiah המכביה
Israel 13-22.7.89 ישראל 13-22.7.89

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20466

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F / M)	Food Type *
DELLA PERGOLA	MASSIMO	11 07 12	X	01 - REGULAR (circled) / 02 - VEGETARIAN

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
L775009	01 02 03 04 05 06 07 08 09 10 11 12 (06 circled)	7 VIA MARCO DE MARCHI

City	State	Zip
20121 MILANO	ITALY	

Country	Phone No.
ITALY	6552416 OR 877785

**

Profession / Occupation JOURNALIST

IMC + SPOUSE 20

**

Hotel CARLTON TEL AVIV

** 7283

Arrival FROM ZURICH SWISSAIR/332 28/06/89 7 PM
Airline & Flight No. Date Time of Arrival

**

Departure TO ACCADIA HOTEL HERZLYIA 14/07 - 30/07
Airline & Flight No. Date Time of Departure

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport

**
**
**

To be Completed by Head of Family

ACCOMPANIED BY:

HIS WIFE, DELLA PERGOLA PINTO ADELE, PASS-PORT N.532097 F

** 20465

REFERENCE: YOUR LETTER MAY 3, 89, (ZUI RAVIV) AND YOUR RECEIPT N. 216, 23/04/89.

**
**
**

Signature

25/05/89
Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989
Please attach an identity photo to this entry form.

13th maccabiah המכביה
ישראל 3-בכ.89 ר"ת מכ-יתח

95

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20467

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F M)	Food Type *
EIZENBERG	FABIO			01 - REGULAR 02 - VEGETARIAN

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
	01 02 03 04 05 06 07 08 09 10 11 12	

City	State	Zip

Country	Phone No.
BRAZIL	

** Profession / Occupation _____

** Hotel _____

** 7027

Arrival LY323 (Airline & Flight No.) 2/7 (Date) 16.00 (Time of Arrival)

** Departure _____ (Airline & Flight No.) _____ (Date) _____ (Time of Departure)

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	
		**
		**
		**

To be Completed by Head of Family

ACCOMPANIED BY:

	**
	**
	**
	**
	**

Signature

Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

92

13th maccabiah המכביה

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20468

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F M)	Food Type * (01 - REGULAR, 02 - VEGETARIAN)
EIZENBERG	ANDRE			

Passport No.	Participation At Previous Maccabiot * (01 02 03 04 05 06 07 08 09 10 11 12)	Address (No. - Street - Apt)

** Profession / Occupation _____

** Hotel _____

** 7027

Arrival LY323 (Airline & Flight No.) 2/7 (Date) 18.00 (Time of Arrival)

** Departure _____ (Airline & Flight No.) _____ (Date) _____ (Time of Departure)

City	State	Zip

Country	Phone No.
BRAZIL	

To be Completed by Head of Family

ACCOMPANIED BY:

_____ **
_____ **
_____ **
_____ **
_____ **

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	
		**
		**
		**

_____
Signature

_____
Date

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

* Please Circle The Applicable

** For Office Use Only

13th maccabiah המכביה
israel 3-13.7.89 ישראל 3-13.7.89

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20469

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F M)	Food Type * (01 - REGULAR, 02 - VEGETARIAN)
EIZENBERG	MOISES			

Passport No.	Participation At Previous Maccabiot * (01 02 03 04 05 06 07 08 09 10 11 12)	Address (No. - Street - Apt)

City	State	Zip

Country	Phone No.
BRAZIL	

** Profession / Occupation _____

** Hotel _____

** 7027

Arrival 4323 — Airline & Flight No. — 2/7 — Date — 15:00 — Time of Arrival

**

Departure _____ — Airline & Flight No. — _____ — Date — _____ — Time of Departure

To be Completed by Head of Family

ACCOMPANIED BY:

Name	Sport	
		**
		**
		**

	**
	**
	**
	**

If Family Members are Athletes or part of a Delegation please give details:

_____
Signature

_____
Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989
Please attach an identity photo to this entry form.

13th maccabiah המכביה
ישראל 13-23.7.89

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20470

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F / M)	Food Type *
ABRAHAMS	NICOLA	07 03 73	✓	(01) REGULAR ✓ / 02 - VEGETARIAN

Passport No.	Participation At Previous Maccabiot *
602214D	01 02 03 04 05 06 07 08 09 10 11 12

Address (No. - Street - Apt): 22 HARTFIELD AVENUE

City: ELSTREE | State: HERTS | Zip: WD6 3JE

Country: ENGLAND | Phone No.: 01 207 5678

**

Profession / Occupation: AT COLLEGE

**

Hotel: SHARON

**

Arrival: LY318 7296 — Airline & Flight No. — 29.6.89 — Date — 6.25 30/6/89 — Time of Arrival

**

Departure: LY315 7147 — Airline & Flight No. — 14.7.89 — Date — 12 noon — Time of Departure

To be Completed by Head of Family

ACCOMPANIED BY:

** 20472 ROSALIND ABRAHAMS

** 20471 DONNA ABRAHAMS

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
MICHAEL ABRAHAMS	PISTOL SHOOTING	1223
		**
		**

**

**

**

Signature

14.5.89
Date

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

* Please Circle The Applicable

** For Office Use Only

13th maccabiah
המכביה
ישראל 13-26.7.89

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20471

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F / M)	Food Type *
ABRAHAMS	DONNA	26 01 55	✓	(01) REGULAR ✓ / 02 - VEGETARIAN

Passport No.	Participation At Previous Maccabiot *
161399K	01 02 03 04 05 06 07 08 09 10 11 12

Address (No. - Street - Apt): 22 HARTFIELD AVENUE

City: ELSTREE — State: HERTS — Zip: WD6 3JE

Country: ENGLAND — Phone No.: 01 207 5678

**

Profession / Occupation: SCHOOLGIRL

**

Hotel: SHARON

**

Arrival: LY318 7296 — Airline & Flight No. — 29.6.89 — Date — 6.25 30/6/89 — Time of Arrival

**

Departure: LY315 7142 — Airline & Flight No. — 14.7.89 — Date — 12 noon — Time of Departure

To be Completed by Head of Family

ACCOMPANIED BY:

** 20472 ROSALIND ABRAHAMS

** 20470 NICOLA ABRAHAMS

**

**

**

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
MICHAEL ABRAHAMS	PISTOL SHOOTING	1223
		**
		**

Signature

14 5 89
Date

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

* Please Circle The Applicable

** For Office Use Only

13th maccabiah
המכביה ה13
ישראל 3-13.7.89

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20472

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F M)	Food Type *
ABRAHAMS	ROSALIND	16 06 49	V	01 REGULAR ✓ / 02 - VEGETARIAN

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
882938C	01 02 03 04 05 06 07 08 09 10 11 12	22 HARTFIELD AVENUE

City	State	Zip
ELSTREE	HERTS	WD6 3JE

Country	Phone No.
ENGLAND	01 207 5678

Profession / Occupation HOUSEWIFE **

**

Hotel SHARON

** 7296

Arrival LY 318 — Airline & Flight No. — 29.6.89 — Date — 6.25 30/6/89 — Time of Arrival

**

Departure LY315 F142 — Airline & Flight No. — 14.7.89 — Date — 12 noon — Time of Departure

To be Completed by Head of Family

ACCOMPANIED BY:

NICOLA ABRAHAMS	** 20470
DONNA ABRAHAMS	** 20471
	**
	**
	**

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	
MICHAEL ABRAHAMS	PISTOL SHOOTING	** 1223
		**
		**

Signature

14 5 89
Date

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

* Please Circle The Applicable

** For Office Use Only

13th maccabiah
המכביה

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC [ ] ** 20473

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F / M)	Food Type *
BALCOMBE	VICTORIA		✓	01 - REGULAR (01) / 02 - VEGETARIAN

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
0870308	01 02 03 04 05 06 07 08 09 10 11 12	33 BARING STREET

City	State	Zip
LONDON	N1	3DS

Country	Phone No.
ENGLAND	01354 5278

Profession / Occupation P.A. ** [ ]

Hotel DAN ACCADIA HERZLIA ** [ ]

** [ ]

Arrival LY 316 7022 — Airline & Flight No. — 2/7/89 — Date — 23.25 — Time of Arrival

** [ ]

Departure LY 315 7140 — Airline & Flight No. — 14/7/89 — Date — 12.00 — Time of Departure

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
		** [ ]
PAUL P. BALCOMBE	RUGBY	** 1322
		** [ ]

To be Completed by Head of Family

ACCOMPANIED BY:

	**
	** [ ]
	** [ ]
	** [ ]
	** [ ]
	** [ ]

Signature

Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th maccabiah המכביה
ישראל 3-13.7.89

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20479

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F / M)	Food Type *
BALCOMBE	MARGARET	01 02 35	✓	(01) REGULAR; 02 - VEGETARIAN

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
737308F	01 02 03 04 05 06 07 08 09 10 11 12	3 TURNER DRIVE

City	State	Zip
LONDON	NW11	6TX

Country	Phone No.
ENGLAND	01 455 3959

**

Profession / Occupation HOUSE WIFE

**

Hotel DAN ACCADIA HERZLIA

**

Arrival LY 316 (7022) — Airline & Flight No. — 2/7/89 — Date — 23.25 — Time of Arrival

**

Departure LY 315 (7142) — Airline & Flight No. — 14/7/89 — Date — 12.00 — Time of Departure

To be Completed by Head of Family

ACCOMPANIED BY:

**

**

**

**

**

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
PAUL P. BALCOMBE	RUGBY	1322

Signature

Date

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

* Please Circle The Applicable

** For Office Use Only

13th maccabiah
המכביה
ישראל 3-13.7.89

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC [ ]

** 20475

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F M)	Food Type *
BALCOMBE	PHILIP	100932	✓	(01) REGULAR; 02 - VEGETARIAN

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
673926F	01 02 03 04 05 06 07 08 09 10 11 12	3 TURNER DRIVE

City	State	Zip
LONDON	NW11	6TX

Country	Phone No.
ENGLAND	01 455 3959

Profession / Occupation DEVELOPMENT TRUST DIRECTOR ** [ ]

Hotel DAN ACCADIA HERZLIA ** [ ]

Arrival Airline & Flight No. LY 316 7022 — Date 2/7/89 — Time of Arrival 23.25 ** [ ]

Departure Airline & Flight No. LY 315 7142 — Date 14/7/89 — Time of Departure 12.00

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	
PAUL P. BALCOMBE	RUGBY	** 1322

Signature

To be Completed by Head of Family

ACCOMPANIED BY:

MRS M.L. BALCOMBE	** 20274
MRS P.P. BALCOMBE	** 20273
	**
	**
	**

Date

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

* Please Circle The Applicable

** For Office Use Only

13th maccabiah המכביה
ישראל 3-13.7.89

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20479

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F / M)	Food Type * (01 - REGULAR, 02 - VEGETARIAN)
HUST	JOEL	28 10 44	M: X	

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
023145228	01 02 03 04 05 06 07 08 09 10 11 12	3595 LA PLAYA

City	State	Zip
ORCHARD LAKE	MI	48033

Country	Phone No.
USA	

** 1

Profession / Occupation _____

**

Hotel _____

**

Arrival _____ (Airline & Flight No.) _____ (Date) _____ (Time of Arrival)

**

Departure _____ (Airline & Flight No.) _____ (Date) _____ (Time of Departure)

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
		**
		**

To be Completed by Head of Family

ACCOMPANIED BY:

BRITNI ANN	15.11.81	023145229
MONNI	26.08.54	023145227
KACEE	28.01.84	023145230
MIYA	11.01.79	023145231
SABRINA	08.12.85	023145232

** 20280
** 20281
** 20476
** 20477
** 20478

Signature

Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989
Please attach an identity photo to this entry form.

13th maccabiah המכביה

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20480

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F M)	Food Type *
ISRAEL	JENNIFER	03 03 46	F	01 - REGULAR / 02 - VEGETARIAN

Passport No.	Participation At Previous Maccabiot * nil	Address (No. - Street - Apt)
M386373	01 02 03 04 05 06 07 08 09 10 11 12	47 LYONSDOWN AVENUE

City	State	Zip
NEW BARNET	HERTFORDSHIRE	EN5 1DX

Country	Phone No.
G.B.	01 440 4505

Profession / Occupation: SOLICITOR **

Hotel: THE SHARON, HERZLIA-ON-SEA **

** 7296

Arrival: EL AL / LY 318 — Airline & Flight No. — 29.6.89 Date — 6.25 Time of Arrival

**

Departure: EL AL / LY 315 — Airline & Flight No. — 7142 — 14.7.89 Date — 12.00 noon Time of Departure

To be Completed by Head of Family

ACCOMPANIED BY: VICTOR ISRAEL **

**

**

**

**

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
V. ISRAEL	TENNIS	1405
		**
		**

Signature

13.5.89
Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th maccabiah המכביה

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20484

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F / M)	Food Type *
ELIAS	AAFJE	08 04 40	✓	01 - REGULAR 02 - VEGETARIAN

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
2726021T	01 02 03 04 05 06 07 08 09 10 11 12	46 BINJHI PARK

City	State	Zip
SINGAPORE	2158	

Country	Phone No.
SINGAPORE	

**

Profession / Occupation: HOUSEWIFE

**

Hotel: CITY HOTEL

**

Arrival: KLM KL521 — 7305 — 30/6 — 1630 HRS
Airline & Flight No. — Date — Time of Arrival

**

Departure: KLM KL522 — 7211 — 21/7 — 1850 HRS
Airline & Flight No. — Date — Time of Departure

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
SON - JEREMY ELIAS	JUNIOR ATHLETE	61
	100/200 mtrs	

Signature

To be Completed by Head of Family

ACCOMPANIED BY:

	**
NAOMI 17.12.75 5754 0620G	20481

Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th maccabiah המכביה
ישראל 3-13.7.89

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20485

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F / M)	Food Type *
SIMON	CHARLES	14 09 14	✓ M	01 - REGULAR 02 - VEGETARIAN

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
0836088/Z	01 02 03 04 05 06 07 08 09 10 11 12	#18-27 BALMORAL PARK

City	State	Zip
SINGAPORE	1025	

Country	Phone No.
SINGAPORE	

** Profession / Occupation CHAIRMAN BOLTER SIMON

** STAYING AT PRIVATE APARTMENT AS UNDER

Hotel DIZENHOFF TOWER, TEL AVIV

**

	Airline & Flight No.	Date	Time
Arrival	EL AL LY016M 7101	30/7/89	1625 HRS
Departure	EL AL LY581M 7192	28/7/89	1000 HRS

**

1408

To be Completed by Head of Family

ACCOMPANIED BY:

	Name	Sport	
If Family Members are Athletes or part of a Delegation please give details:			**
			**
			**

	**
	**
	**
	**

Signature

Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th maccabiah המכביה

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20486

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F M)	Food Type *
QUERUB CARO	ISAAC	29 02 56	X	01 - REGULAR (circled) / 02 - VEGETARIAN

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
	01 02 03 04 05 06 07 08 09 10 11 12	ZURBARAN 16 5 ºB

City	State	Zip
MADRID	MADRID	28010

Country	Phone No.
SPAIN	4101156

Profession / Occupation: LAWYER / PRESIDENT OF MACCABI **

Hotel: ** 7078

Arrival: IB - 888 (Airline & Flight No.) 2.7.89 (Date) 16.45 (Time of Arrival) **

Departure: (Airline & Flight No.) (Date) (Time of Departure) **

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
		**
		**

To be Completed by Head of Family

ACCOMPANIED BY:

	**
	**
	**
	**
	**

Signature

24.5.89
Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th maccabiah המכביה ה13

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733, Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

VIP

** NOC

** 20487

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F / M)	Food Type *
GLÜCK	DAVID	060119	X	01 - REGULAR (circled) / 02 - VEGETARIAN

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
56-579747	01 02 03 04 05 06 07 08 09 10 11 12 (07 08 circled)	7 BIRKAGATAN

City	State	Zip
STOCKHOLM	S-	11336

Country	Phone No.
SWEDEN	08-308136

** 20

** MWU

IRIC

Profession / Occupation: Judge (retired)

Hotel: Kfar Hamaccabiah

**

Arrival: EL AL LY 376 26/5 — 26.6 (Airline & Flight No. — Date) — Time of Arrival

**

Departure: _____ (Airline & Flight No.) — Date — Time of Departure

To be Completed by Head of Family

ACCOMPANIED BY:

Name	Sport	**
		**
		**
		**
		**

If Family Members are Athletes or part of a Delegation please give details:

David Glück
Signature

Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th maccabiah
המכביה

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20488

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F M)	Food Type *
LLANCIA	TERESA	12 01 44	V	01 - REGULAR 02 - VEGETARIAN

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
	01 02 03 04 05 06 07 08 09 10 11 12	

** 93

Profession / Occupation _____

**

Hotel DN

** 7078

City	State	Zip

Country	Phone No.
SPAIN	

Arrival IB 888 — Airline & Flight No. — 7/7 — Date — 16.45 — Time of Arrival

** 7140

Departure IB 889 — Airline & Flight No. — 14/7 — Date — 18.10 — Time of Departure

To be Completed by Head of Family

ACCOMPANIED BY:

Name	Sport	
		**
		**
		**

	**
	**
	**
	**
	**

Signature

Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th maccabiah המכביה
ישראל 3-13.7.89

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20489

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F / M)	Food Type *
ELJARRAT HASSID	MICHEL	14 01 59	X	01 - REGULAR (circled) / 02 - VEGETARIAN

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
38/85	01 02 03 04 05 06 07 08 09 10 11 12	BURGO DE OSMA 2 203

City	State	Zip
MADRID	MADRID	28033

Country	Phone No.
SPAIN	2026378

Profession / Occupation: ECHONOMIST **

Hotel: ** 7078

Arrival: IB 888 - (Airline & Flight No.) 2.7.89 (Date) 16.45 (Time of Arrival)

Departure: ** 7140 (Airline & Flight No.) 7140 (Date) (Time of Departure)

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
		**
		**

To be Completed by Head of Family

ACCOMPANIED BY:

	**
	**
	**
	**
	**

Signature

Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th maccabiah
המכביה ה13
ישראל 3-13.7.89

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20493

V.I.P.

Family Name	First Name	Date of birth (Day / Month / Year)	Sex (F / M)	Food Type *
HASKEL	RITA	18/11/23	F	01 - REGULAR (circled) / 02 - VEGETARIAN

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
4R-08961 7	01 02 03 04 05 06 07 (08) (09) (10) (11) (12)	ÄNGKÄRSGATAN 14 V

City	State	Zip
S-17158 SOLNA		

Country	Phone No.
SWEDEN	+46-8-735785 4

** Profession / Occupation: MRS.

** Hotel: c/o Schachar, Mishmar Hagvul 18 AFEKA, 69697 Tel-Aviv Tel. 413934

** Arrival: EL-AL, BEN GURION — Airline & Flight No. — 28/6-89 — Date — 23.15 2823 — Time of Arrival

** 376 Departure: EL-AL NR. 375 — Airline & Flight No. — 26/7-89 — Date — 7261 — Time of Departure

To be Completed by Head of Family

ACCOMPANIED BY:

		**
		**
		**
		**
		**

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	
		**
		**
		**

Signature

Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th maccabiah המכביה
ישראל 3-13.7.89

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC [ ]

** 20495

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F / M)	Food Type * (01 - REGULAR, 02 - VEGETARIAN)
SAN-MIGUEL	CARMEN	180345	X	

Passport No.	Participation At Previous Maccabiot * (01 02 03 04 05 06 07 08 09 10 11 12)	Address (No. - Street - Apt)
38464864		PL FONT MAGICA

City	State	Zip
BARCELONA		08004

Country	Phone No.
SPAIN	

** 93

Profession / Occupation _____

** [ ]

Hotel DN

** 7078

Arrival IB 888 — Airline & Flight No. — 7/7 Date — 16.45 Time of Arrival

** 7140

Departure IB 889 — Airline & Flight No. — 14/7 Date — 18.10 Time of Departure

To be Completed by Head of Family

ACCOMPANIED BY:

Name	Sport	**
		** [ ]
		** [ ]
		** [ ]

	**
	** [ ]
	** [ ]
	** [ ]
	** [ ]

If Family Members are Athletes or part of a Delegation please give details:

_____ Signature

_____ Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989
Please attach an identity photo to this entry form.

13th maccabiah המכביה
ישראל 3-13.7.89

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

VIP.

Entry Form by Name

** NOC

** 20497

V.I.P.

Family Name	First Name	Date of birth Day Month Year	Sex F M	Food Type * 01 - REGULAR 02 - VEGETARIAN
Folz-Steinacker	Sigrid	100141	X	

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
37127 G	01 02 03 04 05 06 07 08 09 10 11 12	14 Hartierwurp

City	State	Zip
Brake		2880

Country	Phone No.
W-Germany	

Profession / Occupation: Member of the German Parliament **

Hotel: JAN **

Arrival: Lufthansa, LH 686 (0300) — Airline & Flight No. — 03. July 89 — Date — 15.15 h — Time of Arrival **

Departure: Lufthansa, LH 687 (14/6) — Airline & Flight No. — 14. July 89 — Date — 16.30 h — Time of Departure **

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	
		**
		**
		**

Signature

To be Completed by Head of Family

ACCOMPANIED BY:

	**
	**
	**
	**
	**

Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th maccabiah המכביה
ישראל 3-13.7.89

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20499

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F M)	Food Type * (01 - REGULAR, 02 - VEGETARIAN)
Piro	Ruediger	090727	X	

Passport No.	Participation At Previous Maccabiot *
10197 M	01 02 03 04 05 06 07 08 09 10 11 12

Address (No. - Street - Apt)

City: Bonn 1 State: Zip: 5300

Country: W-Germany Phone No.:

Profession / Occupation: Member of the German Parliament **

Hotel: DAN **

Arrival: Lufthansa, LH 686 0300 — Airline & Flight No. — 03. July 89 — Date — 15.15 h — Time of Arrival **

Departure: Lufthansa, LH 687 1416 — Airline & Flight No. — 14. July 89 — Date — 16.30 h — Time of Departure **

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
		**
		**

To be Completed by Head of Family

ACCOMPANIED BY:

	**
	**
	**
	**
	**

Signature

Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th maccabiah המכביה

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20600

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F / M)	Food Type * (01 - REGULAR, 02 - VEGETARIAN)
PRECIADO	ALINE	11 11 69	X	

Passport No.	Participation At Previous Maccabiot * (01 02 03 04 05 06 07 08 09 10 11 12)
MH-15039	

Address (No. - Street - Apt): FUENTE DEL PESCADOR 53

City: TECAMACHALCO — State: MEXICO — Zip: D.F.

Country: MEXICO — Phone No.:

**

Profession / Occupation: ESTUDIANTE

**

Hotel:

**

Arrival: EL-AL 001 (FROM NEW YORK) — Airline & Flight No. — 3/JUL/89 — Date — 4:30 — Time of Arrival

**

Departure: _____ — Airline & Flight No. — _____ — Date — _____ — Time of Departure

To be Completed by Head of Family

ACCOMPANIED BY:

TOVA MIZRACHI (PANAMA)

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
		**
		**

**
**
**
**

Signature

Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th maccabiah המכביה

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC [ ] ** [20601]

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F / M)	Food Type * (01 - REGULAR, 02 - VEGETARIAN)
HANONO	EZRA EDUARDO	24 05 52	X	

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
8-431-878	01 02 03 04 05 06 07 08 09 10 11 12	P. O. BOX 6910

City	State	Zip
PANAMA	PANAMA	5

Country	Phone No.
PANAMA	

** [ ]

Profession / Occupation: COMERCIANTE

** [ ]

Hotel: _____

** [ ]

Arrival: _____ (Airline & Flight No.) _____ (Date) _____ (Time of Arrival)

** [ ]

Departure: _____ (Airline & Flight No.) _____ (Date) _____ (Time of Departure)

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
		[ ]
		[ ]
		[ ]

To be Completed by Head of Family

ACCOMPANIED BY:

	**
	[ ]
	[ ]
	[ ]
	[ ]
	[ ]

E E Hamond
Signature

Date

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

* Please Circle The Applicable
** For Office Use Only

13th maccabiah
המכביה

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC [ ] ** 2060R

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F M)	Food Type *
DABAH	VICTOR R.	15 09 53	X	01 - REGULAR 02 - VEGETARIAN

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
8-164-964	01 02 03 04 05 06 07 08 09 10 11 12	P.O. BOX 2044

City	State	Zip
PANAMA	PANAMA	1

Country	Phone No.
PANAMA	62-7051

Profession / Occupation COMERCIANTE ** [ ]

Hotel ** [ ]

Arrival _____ (Airline & Flight No.) _____ (Date) _____ (Time of Arrival)

** [ ]

Departure _____ (Airline & Flight No.) _____ (Date) _____ (Time of Departure)

** [ ]

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	
		** [ ]
		** [ ]
		** [ ]

To be Completed by Head of Family

ACCOMPANIED BY:

	** [ ]
	** [ ]
	** [ ]
	** [ ]
	** [ ]

Victor R Dabah
Signature

_____ Date

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

* Please Circle The Applicable
** For Office Use Only

13th maccabiah המכביה

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20603

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F M)	Food Type *
DOUEK	MOISES	28 1 53	X	01 - REGULAR 02 - VEGETARIAN

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
N-14-470	01 02 03 04 05 06 07 08 09 10 11 12	P O BOX 2050 ZONA 5 PANAMA

City	State	Zip
PANAMA		

Country	Phone No.
PANAMA	64-6702

**

Profession / Occupation COMERCIANTE

**

Hotel

**

Arrival _____ (Airline & Flight No.) _____ (Date) _____ (Time of Arrival)

**

Departure _____ (Airline & Flight No.) _____ (Date) _____ (Time of Departure)

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
		**
		**

To be Completed by Head of Family

ACCOMPANIED BY:

	**
	**
	**
	**
	**

Signature

Date

* Please Circle The Applicable

** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th maccabiah המכביה
ישראל 3-13.7.89

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20610

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F M)	Food Type *
TURMANSKI	JOSE		X	01 - REGULAR 02 - VEGETARIAN

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
	01 02 03 04 05 06 07 08 09 10 11 12	

City	State	Zip

Country	Phone No.
ARG	

** Profession / Occupation _____

** Hotel _____

**

Arrival _____ _____ _____
Airline & Flight No. Date Time of Arrival

**

Departure _____ _____ _____
Airline & Flight No. Date Time of Departure

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
		**
		**

To be Completed by Head of Family

ACCOMPANIED BY:

	**
	**
	**
	**
	**

_____
Signature

_____
Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th maccabiah המכביה
ישראל 3-בד.89 ל'סיון-ד'תמוז

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20612

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F M)	Food Type *
LEHRER	JACOBO		X	01 - REGULAR 02 - VEGETARIAN

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
	01 02 03 04 05 06 07 08 09 10 11 12	

City	State	Zip

Country	Phone No.
ARGENTINA	

** Profession / Occupation _____

** Hotel _____

**

Arrival _____ (Airline & Flight No.) _____ (Date) _____ (Time of Arrival)

**

Departure _____ (Airline & Flight No.) _____ (Date) _____ (Time of Departure)

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
		**
		**

To be Completed by Head of Family

ACCOMPANIED BY:

SPOUSE ** 20611

**

**

**

**

Signature

Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th maccabiah
המכביה

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20615

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F M)	Food Type *
BURSTEIN	JOSE		X	01 - REGULAR 02 - VEGETARIAN

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
	01 02 03 04 05 06 07 08 09 10 11 12	

Profession / Occupation _____ **

Hotel _____ **

City	State	Zip

Country	Phone No.
ARGENTINA	

Arrival _____ (Airline & Flight No.) _____ (Date) _____ (Time of Arrival) **

Departure _____ (Airline & Flight No.) _____ (Date) _____ (Time of Departure) **

To be Completed by Head of Family

ACCOMPANIED BY:

SPOUSE ** 20613

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
		**
		**
		**

**
**
**
**

Signature

Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th maccabiah
המכביה
ישראל 3-13.7.89

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20617

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F / M)	Food Type *
RYB	ISAAC		X	01 - REGULAR 02 - VEGETARIAN

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
	01 02 03 04 05 06 07 08 09 10 11 12	

City	State	Zip

Country	Phone No.
ARGENTINA	

** Profession / Occupation _____

** Hotel _____

**

Arrival _____ _____ _____
Airline & Flight No. Date Time of Arrival

**

Departure _____ _____ _____
Airline & Flight No. Date Time of Departure

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
		**
		**

To be Completed by Head of Family

ACCOMPANIED BY:

	**
SPOUSE	20616
	**
	**
	**
	**

_____
Signature

_____
Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th maccabiah המכביה

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20619

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F / M)	Food Type *
PINCO	JULIO		X	01 - REGULAR 02 - VEGETARIAN

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
	01 02 03 04 05 06 07 08 09 10 11 12	

City	State	Zip

Country	Phone No.
ARGENTINA	

** Profession / Occupation _____

** Hotel _____

**

Arrival _____ (Airline & Flight No.) _____ (Date) _____ (Time of Arrival)

**

Departure _____ (Airline & Flight No.) _____ (Date) _____ (Time of Departure)

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
		**
		**

To be Completed by Head of Family

ACCOMPANIED BY:

	**
SPOUSE	20618
	**
	**
	**
	**

Signature

Date

* Please Circle The Applicable

** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th maccabiah המכביה

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC: CAN ** 20622

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F M)	Food Type * (01 - REGULAR, 02 - VEGETARIAN)
COHEN	TED			

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
RK564717	01 02 03 04 05 06 07 08 09 10 11 12	621 WEST 51st AVE

City	State	Zip
VANCOUVER	BC	V6P 1B9

Country	Phone No.
CAN	

** Profession / Occupation _____

** Hotel SHERATON

**

Arrival ___ Airline & Flight No. 29/6 Date _____ Time of Arrival

**

Departure _____ Airline & Flight No. 16/7 Date _____ Time of Departure

To be Completed by Head of Family

ACCOMPANIED BY:

BABS RK564718 ** 20620

**

**

**

**

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
GARY COHEN	RUGBY MANAGER	2874

_____
Signature

_____
Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989
Please attach an identity photo to this entry form.

13th maccabiah המכביה
ישראל 13-13.7.89

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20623

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F / M)	Food Type * (01 - REGULAR, 02 - VEGETARIAN)
EPSTEIN	IRVINE		X	

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
GE800836	01 02 03 04 05 06 07 08 09 10 11 12	759 WEST 50th AVE

City	State	Zip
VANCOUVER		V6P1A4

Country	Phone No.
CAN	

** Profession / Occupation _____

** Hotel (NETANYA)

** Arrival AY 318 (702637) — Airline & Flight No. — 2/7 Date — 05.15 Time of Arrival

** Departure LY315 (7142 37) — Airline & Flight No. — 14/7 Date — 12 NOON Time of Departure

To be Completed by Head of Family

ACCOMPANIED BY:

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
MARK EPSTEIN	RUGBY	2853

Signature

Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989
Please attach an identity photo to this entry form.

13th maccabiah
המכביה ה-13
ישראל 3-בנוב 89

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20625

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F M)	Food Type * (01 - REGULAR, 02 - VEGETARIAN)
ZARETSKY	MORRIS			

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
2584S200	01 02 03 04 05 06 07 08 09 10 11 12	601 FINCH AVE

City	State	Zip
WILLOWDALE	ONTARIO	M2R1N9

Country	Phone No.
CAN	

** 91

Profession / Occupation _____

** CA

Hotel CARLTON

**

Arrival _____ (Airline & Flight No.) 29/6 (Date) 07.30 (Time of Arrival)

**

Departure _____ (Airline & Flight No.) 16/7 (Date) _____ (Time of Departure)

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
		**
ERIK GOLDSILVER	SWIMMING	** 2823
		**

To be Completed by Head of Family

ACCOMPANIED BY:

	**
RUTH SH739108	** 20624
	**
	**
	**
	**

Signature

Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th maccabiah המכביה

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20627

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F / M)	Food Type * (01 - REGULAR, 02 - VEGETARIAN)
GOLDSILVER	DAVID		X	

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
LG383315	01 02 03 04 05 06 07 08 09 10 11 12	352 BROOKE AVE

City	State	Zip
TORONTO		M3M2R2

Country	Phone No.
CAN	

** Profession / Occupation _____

** Hotel CARLTON

**

Arrival _____ (Airline & Flight No.) 29/6 (Date) 07.30 (Time of Arrival)

**

Departure _____ (Airline & Flight No.) 16/7 (Date) _____ (Time of Departure)

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
ERIK GOLDSILVER	SWIMMING	2823

To be Completed by Head of Family

ACCOMPANIED BY:

	**
HELEN LG416129	20626

Signature

Date

* Please Circle The Applicable

** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th maccabiah המכביה

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20631

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F M)	Food Type * (01 - REGULAR, 02 - VEGETARIAN)
GOLDSILVER	RALPH		X	

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
KF156297	01 02 03 04 05 06 07 08 09 10 11 12	79 CRIMSON MILLWAY

City	State	Zip
WILLOWDALE	ONTARIO	M2L1T8

Country	Phone No.
CAN	

**

Profession / Occupation _____

**

Hotel SHERATON

**

Arrival _____ (Airline & Flight No.) _____ (Date) _____ (Time of Arrival)

**

Departure _____ (Airline & Flight No.) _____ (Date) _____ (Time of Departure)

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
ERIC GOLDSILVER	SWIMMING	** 2823
		**

To be Completed by Head of Family

ACCOMPANIED BY:

	**
PAM KF156298	** 20628
MATTHEW	** 20629 95
RYAN	** 20630 95
	**
	**

Signature

Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th maccabiah
המכביה

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20632

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F / M)	Food Type *
PLOTNICK	MORTON		X	01 - REGULAR 02 - VEGETARIAN

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
	01 02 03 04 05 06 07 08 09 10 11 12	

** 93

Profession / Occupation _____

**

Hotel DANT. A.

**

City	State	Zip

Country	Phone No.
USA	

Arrival _____ _____ _____
Airline & Flight No. Date Time of Arrival

**

Departure _____ _____ _____
Airline & Flight No. Date Time of Departure

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
		**
		**

To be Completed by Head of Family

ACCOMPANIED BY:

	**
	**
	**
	**
	**

_____
Signature

_____
Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th maccabiah
המכביה ה-13

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20633

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F M)	Food Type *
GIESECKE	HANS			01 - REGULAR 02 - VEGETARIAN

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
	01 02 03 04 05 06 07 08 09 10 11 12	

** 93

Profession / Occupation _____

**

Hotel DAN T.A.

**

City	State	Zip

Country	Phone No.
FRG	

Arrival _____ Airline & Flight No. _____ Date _____ Time of Arrival _____

**

Departure _____ Airline & Flight No. _____ Date _____ Time of Departure _____

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
		**
		**

To be Completed by Head of Family

ACCOMPANIED BY:

	**
	**
	**
	**
	**

_____
Signature

_____
Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th maccabiah המכביה
israel 3-13.7.89 ישראל 3-13.7.89

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20634

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F / M)	Food Type *
KIEBERT	HANS		X	01 - REGULAR 02 - VEGETARIAN

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
	01 02 03 04 05 06 07 08 09 10 11 12	

** 93

Profession / Occupation _____

**

Hotel DAN T.A.

**

City	State	Zip

Country	Phone No.
FRG	

Arrival _____ (Airline & Flight No.) _____ (Date) _____ (Time of Arrival)

**

Departure _____ (Airline & Flight No.) _____ (Date) _____ (Time of Departure)

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
		**
		**

To be Completed by Head of Family

ACCOMPANIED BY:

	**
	**
	**
	**
	**

_____
Signature

_____
Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th maccabiah
המכביה
ישראל 3-13.7.89

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC ** 20636

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F / M)	Food Type * (01 - REGULAR, 02 - VEGETARIAN)
PALMER	CHARLES		X	

Passport No.	Participation At Previous Maccabiot * (01 02 03 04 05 06 07 08 09 10 11 12)	Address (No. - Street - Apt)

** 93

Profession / Occupation _____

**

Hotel DAN T.A.

**

Arrival EL AL 316 (Airline & Flight No.) 2/7 (Date) 23 25 (Time of Arrival)

**

Departure EL AL 315 (Airline & Flight No.) 14/7 (Date) 13 20 (Time of Departure)

City	State	Zip

Country	Phone No.
GBR	

To be Completed by Head of Family

ACCOMPANIED BY: JOHANA GREENBERG ** 20637

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
		**
		**
		**

	**
	**
	**
	**

Signature

Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20638

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F M)	Food Type * (01 - REGULAR, 02 - VEGETARIAN)
GOLD	SIR ARTHUR			

Passport No.	Participation At Previous Maccabiot * (01 02 03 04 05 06 07 08 09 10 11 12)	Address (No. - Street - Apt)

** 93

Profession / Occupation _____

**

Hotel DAN T.A.

**

City	State	Zip

Country	Phone No.
GBR	

Arrival EL AL 316 (Airline & Flight No.) 30/6 (Date) 0025 (Time of Arrival)

**

Departure EL AL 015 (Airline & Flight No.) 5/7 (Date) 10 00 (Time of Departure)

To be Completed by Head of Family

ACCOMPANIED BY:

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
		**
		**
		**
		**

**
**
**
**
**

Signature

Date

* Please Circle The Applicable

** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th maccabiah המכביה
ישראל 3-13.7.89

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 26639

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F / M)	Food Type *
MORRAY	BELA		X	01 - REGULAR 02 - VEGETARIAN

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
	01 02 03 04 05 06 07 08 09 10 11 12	

** 93

Profession / Occupation _____

**

Hotel DAN T.A.

**

City	State	Zip

Country	Phone No.
HUNGARY	

Arrival _____ Airline & Flight No. _____ Date _____ Time of Arrival _____

**

Departure _____ Airline & Flight No. _____ Date _____ Time of Departure _____

**

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	
		**
		**
		**

To be Completed by Head of Family

ACCOMPANIED BY:

	**
	**
	**
	**
	**

Signature _____

Date _____

* Please Circle The Applicable

** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th maccabiah
המכביה ה13

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20640

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F / M)	Food Type *
SCHMIDT	PAL		X	01 - REGULAR 02 - VEGETARIAN

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
	01 02 03 04 05 06 07 08 09 10 11 12	

** ~~04~~ 93

Profession / Occupation _____

**

Hotel DAN T.A.

**

City	State	Zip

Country	Phone No.
HUNGARY	

Arrival _____ Airline & Flight No. _____ Date _____ Time of Arrival _____

**

Departure _____ Airline & Flight No. _____ Date _____ Time of Departure _____

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	
		**
		**
		**

To be Completed by Head of Family

ACCOMPANIED BY:

	**
	**
	**
	**
	**

Signature _____

Date _____

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th maccabiah
המכביה ה13
ישראל 3-13.7.89

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20641

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F / M)	Food Type *
TURNER	DAVID		/ ✓	01 - REGULAR 02 - VEGETARIAN

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
	01 02 03 04 05 06 07 08 09 10 11 12	

City	State	Zip

Country	Phone No.
	+ 972 3 5755

** Profession / Occupation Basketball OBZERVER

** Hotel DAN TEL-AVIV

** Arrival EL-AL 316 — Airline & Flight No. — 4/7 Date — 23:25 Time of Arrival

** Departure EL-AL 353 — Airline & Flight No. — 12/7 Date — 07:10 Time of Departure

To be Completed by Head of Family

ACCOMPANIED BY:

			**
			**
			**
			**
			**

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	
		**
		**
		**

Signature

Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989
Please attach an identity photo to this entry form.

13th maccabiah המכביה

ישראל 3-13.7.89 י"ח סיון - י"ח תמוז תשמ"ט

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20642

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F / M)	Food Type *
AJAN	TAMAS		X	01 - REGULAR 02 - VEGETARIAN

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
	01 02 03 04 05 06 07 08 09 10 11 12	

** 93

Profession / Occupation _____

**

Hotel DAN Y.A.

**

City	State	Zip

Country	Phone No.
HUNGARY	

Arrival _____ _____ _____
Airline & Flight No. Date Time of Arrival

**

Departure _____ _____ _____
Airline & Flight No. Date Time of Departure

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	
		**
		**
		**

To be Completed by Head of Family

ACCOMPANIED BY:

	**
	**
	**
	**
	**

_____
Signature

_____
Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th maccabiah המכביה

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20500

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F / M)	Food Type *
GUGGENHEIM	BENNY	09 05 20	X	01 - REGULAR (circled) / 02 - VEGETARIAN

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
5137993	01 02 03 04 (05) (06) (07) (08) (09) (10) (11) (12)	48 RIETERSTR.

City	State	Zip
CH-8002 ZURICH		

Country	Phone No.
SWITZERLAND	01/201 7573

**

Profession / Occupation ECONOMIC ADVISER

** IMC 20

Hotel CARLTON

**

Arrival SWISSAIR SR 332 2719 — Airline & Flight No. — 27/6/89 — Date — 19.00 PM — Time of Arrival

**

Departure SWISSAIR SR 333 1407 — Airline & Flight No. — 14/7/89 — Date — 07.59 AM — Time of Departure

To be Completed by Head of Family

ACCOMPANIED BY:

Mrs LYDIA GUGGENHEIM (5511942) (~~face and body for~~)

JESSICA

** 20496

** 20494

**

**

**

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**

B. Guggenheim
Signature

29. Mai 1989
Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form. Already mailed on 5/5/89

13th maccabiah המכביה
ישראל 3-13.7.89

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC [ ]

** 20501

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F / M)	Food Type * (01 - REGULAR, 02 - VEGETARIAN)
Lambinus	Uwe	21 07 41	X	

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
30607 G	01 02 03 04 05 06 07 08 09 10 11 12	

Profession / Occupation: Member of the German Parliament **

Hotel: DAN **

City	State	Zip
Bonn 1		5300

Country	Phone No.
W-Germany	

Arrival: Lufthansa, LH 686 0300 — Airline & Flight No. — 03. July 89 — Date — 15,15h — Time of Arrival **

Departure: Lufthansa LH 687 14/6 — Airline & Flight No. — 14. July 89 — Date — 16.30h — Time of Departure **

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
		**
		**

To be Completed by Head of Family

ACCOMPANIED BY:

	**
	**
	**
	**
	**

Signature

Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989
Please attach an identity photo to this entry form.

13th maccabiah המכביה
ישראל 13-23.7.89

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

S.A.

Entry Form by Name

** NOC

** 20502

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F M)	Food Type *
KEVEHAZI	DAFNE	28 08 55	X	01 - REGULAR 02 - VEGETARIAN

Passport No. / I.D. No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
5333872	01 02 03 04 05 06 07 08 09 10 11 12	KATZENELSON 19

City	State	Zip
RISHONLEZION		75218

Country	Phone No.
	9656733

** Profession / Occupation _____

** Hotel _____

**

Arrival _____ (Airline & Flight No.) _____ (Date) _____ (Time of Arrival)

S.A.

**

Departure _____ (Airline & Flight No.) _____ (Date) _____ (Time of Departure)

To be Completed by Head of Family

ACCOMPANIED BY:

Name	Sport	**
		**
		**
		**

	**
	**
	**
	**
	**

If Family Members are Athletes or part of a Delegation please give details:

Dafne Kevehazi
Signature

16-6-89
Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989
Please attach an identity photo to this entry form.

13th maccabiah המכביה
ישראל 3-13.7.89

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20503

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F / M)	Food Type * (01 - REGULAR, 02 - VEGETARIAN)
Brauer	Hans-Jochen	260845	X	

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
1434002679	01 02 03 04 05 06 07 08 09 10 11 12	15 Bahnhof Str.

City	State	Zip
Koenigslutter		3308

Country	Phone No.
W-Germany	

Profession / Occupation: Member of the German Parliament **

Hotel: DAU **

**

Arrival: Lufthansa, LH 686 0300 — Airline & Flight No. — 03. July 89 — Date — 15.15 h — Time of Arrival

**

Departure: Lufthansa, LH 687 1416 — Airline & Flight No. — 14. July 89 — Date — 16.30h — Time of Departure

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	
		**
		**
		**

Signature

To be Completed by Head of Family

ACCOMPANIED BY:

	**
	**
	**
	**
	**

Date

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

* Please Circle The Applicable

** For Office Use Only

13th maccabiah המכביה
ישראל 3-13.7.89

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 2504

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F M)	Food Type * (01 - REGULAR, 02 - VEGETARIAN)
BRANSKY	SANDRA			

Passport No.	Participation At Previous Maccabiot * (01 02 03 04 05 06 07 08 09 10 11 12)	Address (No. - Street - Apt)
		HERZELIA 25 BASEL ST

** Profession / Occupation _____

** Hotel _____

**

City	State	Zip

Country	Phone No.
ISRAEL	052-575008

Arrival _____ (Airline & Flight No.) _____ (Date) _____ (Time of Arrival)

**

Departure _____ (Airline & Flight No.) _____ (Date) _____ (Time of Departure)

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
		**
		**

To be Completed by Head of Family

ACCOMPANIED BY:

	**
	**
	**
	**
	**

BRANSKY SANDRA
Signature

Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989
Please attach an identity photo to this entry form.

13th maccabiah המכביה

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20505

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F / M)	Food Type * (01 - REGULAR, 02 - VEGETARIAN)
Lohmann	Klaus	17 03 36	X	

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
31542 G	01 02 03 04 05 06 07 08 09 10 11 12	Fasanenweg 21

Profession / Occupation: Member of the German Parliament **

Hotel: DAN **

City	State	Zip
Witten		5810

Country	Phone No.
W-Germany	

Arrival: Lufthansa, LH 686 0300 — Airline & Flight No. — 03. July 89 — Date — 15.15 h — Time of Arrival **

Departure: Lufthansa, LH 687 1416 — Airline & Flight No. — 14. July 89 — Date — 16.30 h — Time of Departure **

To be Completed by Head of Family

ACCOMPANIED BY: **

**

**

**

**

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	
		**
		**
		**

Signature

Date

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

* Please Circle The Applicable

** For Office Use Only

13th maccabiah המכביה

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20506

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F / M)	Food Type * (01 - REGULAR, 02 - VEGETARIAN)
BAHARAV	URI		M	

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
ID 199710	01 02 03 04 05 06 07 08 09 10 11 12	TEL-AVIV

** Profession / Occupation

** Hotel

**

City: 8 GLIKSON ST — State — Zip

Country — Phone No.: 280657

S.A.

Arrival — Airline & Flight No. — Date — Time of Arrival

**

Departure — Airline & Flight No. — Date — Time of Departure

To be Completed by Head of Family

ACCOMPANIED BY:

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
		**
		**

** ** ** ** **

Signature

Date

* Please Circle The Applicable

** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th maccabiah המכביה

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20507

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F / M)	Food Type *
MARSHALL	IRMA	22 04 44	✓	01 - REGULAR 02 - VEGETARIAN

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
B/235035	01 02 03 04 05 06 07 08 09 10 11 12	256 HOLLAND ROAD

City	State	Zip
SINGAPORE		1027

Country	Phone No.
SINGAPORE	

** Profession / Occupation: Housewife

** Hotel: HILTON HOTEL

** Arrival: EL AL LY 444, 29/3/89 — 11.50 P.M.
Airline & Flight No. — Date — Time of Arrival

** Departure: 14/6 BA 657 1408 — 0810 Am 14/6
Airline & Flight No. — Date — Time of Departure

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport
Husband Head Mission	

** 02335

**

**

To be Completed by Head of Family

ACCOMPANIED BY:

**

**

**

**

**

Signature

Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th maccabiah
המכביה
ישראל 3-13.7.89

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20508

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F / M)	Food Type * (01 - REGULAR, 02 - VEGETARIAN)
Gieseler	Karlheinz	300725	X	

Passport No.	Participation At Previous Maccabiot *
H 5654103	01 02 03 04 05 06 07 08 09 10 11 12

Address (No. - Street - Apt): 31 Theodor-Heuss-Str.

City: Neu Isenburg — State: — Zip: 6078

Country: W-Germany — Phone No.:

Profession / Occupation: General Secretary of the German Sport Association **

Hotel: DAN **

Arrival: Lufthansa, LH 686 — Airline & Flight No. — 03. July 89 — Date — 15.15 h — Time of Arrival **

Departure: Lufthansa, LH 687 — Airline & Flight No. — 07. July 89 — Date — 16.30 h — Time of Departure **

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
		**
		**

To be Completed by Head of Family

ACCOMPANIED BY:

	**
	**
	**
	**
	**

Signature

Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th maccabiah המכביה

ישראל 3-13.7.89

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20509

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F / M)	Food Type * (01 - REGULAR, 02 - VEGETARIAN)
Hansen	Hans	13 02 26	X	

Passport No.	Participation At Previous Maccabiot *
4928815	01 02 03 04 05 06 07 08 09 10 11 12

Address (No. - Street - Apt): 4a Am Door

City: Gluecksburg — State — Zip: 2392

Country: W-Germany — Phone No.

Profession / Occupation: President of the German Sport Association **

Hotel: DAN **

Arrival: Lufthansa, LH 686 (0300) — Airline & Flight No. — 03. July 89 — Date — 15.15 h — Time of Arrival **

Departure: Lufthansa, LH 687 (7074 / 1400) — Airline & Flight No. — 07. July 89 — Date — 16.30h — Time of Departure **

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
		**
		**

To be Completed by Head of Family

ACCOMPANIED BY:

	**
	**
	**
	**
	**

Signature

Date

* Please Circle The Applicable

** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th maccabiah המכביה

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

VIP

Entry Form by Name

** NOC [ ] ** 20510

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F / M)	Food Type * (01 - REGULAR, 02 - VEGETARIAN)
DienstL	Erika	010230	X	

Passport No.	Participation At Previous Maccabiot * (01 02 03 04 05 06 07 08 09 10 11 12)	Address (No. - Street - Apt)
H 1933363		23 Anderwaldmeisterhuette

City	State	Zip
Stolberg		5190

Country	Phone No.
W-Germany	

Profession / Occupation Vice President of the German Sport Ass. **

Hotel DAN **

3015

Arrival Lufthansa, LH 686 (Airline & Flight No.) 30. June 89 (Date) 15.15 h (Time of Arrival) **

Departure (Airline & Flight No.) 05. July 89 (Date) (Time of Departure) **

To be Completed by Head of Family

ACCOMPANIED BY: **

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
		**
		**

Signature

Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989
Please attach an identity photo to this entry form.

13th maccabiah
המכביה ה-13
ישראל 3-13.7.89

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20511

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F / M)	Food Type *
WEIL	LIORA	10 07 42	X	(01) REGULAR / 02 - VEGETARIAN

Passport No.	Participation At Previous Maccabiot *
JA 0002A0602	01 02 03 04 05 06 07 08 09 10 11 12

Address (No. - Street - Apt): 12 HYDE PARK HILL RUTH AV

City: HYDE PARK State: Zip: 2196

Country: REP S A Phone No.: 281028

** Profession / Occupation: TEACHER

** Hotel: MORIAH PLAZA

** Arrival: 2/7/89 ELAL LY512 7025 Airline & Flight No. — 2/7/89 Date — 7AM Time of Arrival

** Departure: SWISS AIR SR 333 7063 Airline & Flight No. — 06/07/89 Date — 7.45 Time of Departure

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
		**
		**

To be Completed by Head of Family

ACCOMPANIED BY:

	**
	**
	**
	**
	**

Signature

25.05.89
Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th maccabiah המכביה
ישראל 3-13.7.89

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

92/I

Entry Form by Name

** NOC

** 20512

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F M)	Food Type * (01 - REGULAR, 02 - VEGETARIAN)
WEIL	AVIV	05 11 78	X	

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
J 221252	01 02 03 04 05 06 07 08 09 10 11 12	12 HYDE PARK HILL RUTH RD

City	State	Zip
HYDE PARK		2196

Country	Phone No.
REP SA	281028

** Profession / Occupation SCHOLAR

** Hotel MORIAH PLAZA

**

Arrival EL AL LY 512. 7025 02/7/89 7am
Airline & Flight No. Date Time of Arrival

**

Departure SWISS AIR SR 333 7063 06/7/89. 7.45
Airline & Flight No. Date Time of Departure

To be Completed by Head of Family

ACCOMPANIED BY:

			**
			**
			**
			**
			**

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	
		**
		**
		**

Signature

29.05.89
Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th maccabiah המכביה
ישראל 3-13.7.89

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC [ ]

** [20514]

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F / M)	Food Type *
WEIL	CLIVE	29 12 45	F / X	(01) REGULAR / 02 - VEGETARIAN

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
JA 0090 A 1889	01 02 03 04 05 06 07 08 09 10 11 12	12 HYDE PARK HILL RUTH AV.

City	State	Zip
HYDE PARK		12196

Country	Phone No.
REPUBLIC OF SOUTH AFRICA	728-281028

** [ ]

Profession / Occupation DIRECTOR Co.

** [ ]

Hotel MORIAH PLAZA

** [ ]

Arrival EL AL LY512 7025 02.07.89. 7 AM.
Airline & Flight No. Date Time of Arrival

** [ ]

Departure SWISS AIR SR333 7063 06.07.89. 7.45
Airline & Flight No. Date Time of Departure

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
		[ ]
		[ ]
		[ ]

To be Completed by Head of Family

ACCOMPANIED BY:

	**
MY WIFE - LIORA 10.07.42 JA000406 02	20511
MY SON - AVIV 05.11.75 J221252	20512
	[ ]
	[ ]
	[ ]

Signature

29.05.89
Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989
Please attach an identity photo to this entry form.

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20516

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F / M)	Food Type *
RUBENSTEIN	JEFFREY	15 08 44	X	~~01~~ - REGULAR 02 - VEGETARIAN

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
J0002872	01 02 03 04 05 06 07 08 09 10 11 12	10 LAREN AVENUE

City	State	Zip
JOHANNESBURG		

Country	Phone No.
SOUTH AFRICA	7883252

Profession / Occupation DIRECTOR **

Hotel HILTON TEL AVIV **

** EL AL LY512 7025

Arrival — Airline & Flight No. — Date: — Time of Arrival: 2-7-89

** ?

Departure EL AL — Airline & Flight No. — Date: — Time of Departure: 10-7-89

To be Completed by Head of Family

ACCOMPANIED BY:

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
		**
		**

Signature

Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form

MAY 17 '89 08:52 S.A.ZIONIST FED(011)29-9596

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC 29517

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F / M)	Food Type *
SNYMAN	LETITIA	10 07 63	X	01 - REGULAR / 02 - VEGETARIAN

Passport No.	Participation At Previous Maccabiot *
JHB002066 07	01 02 03 04 05 06 07 08 09 10 11 12

Address (No. - Street - Apt): 10 LA RENAISSANCE

City: JOHANNESBURG — State — Zip

Country: SOUTH AFRICA — Phone No.: 7883252

** Profession / Occupation _____

** Hotel HILTON, TEL AVIV

** Arrival EL AL LY 512 7025 — Airline & Flight No. — Date — 2-7-89 Time of Arrival

** Departure EL AL ? — Airline & Flight No. — Date — 10-7-89 Time of Departure

To be Completed by Head of Family

ACCOMPANIED BY:

Name	Sport	**
		**
		**
		**
		**

Letitia Snyman
Signature

Monty Meason
Date

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

* Please Circle The Applicable
** For Office Use Only

MAY 17 '89 08:53 S.A.ZIONIST FED(011)29-9596

13th maccabiah
המכביה ה-13

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

92/II

Entry Form by Name

** NOC

** 20518

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F / M)	Food Type *
MENDELSOHN	BARBARA	06 02 38	X	01 - REGULAR (circled) / 02 - VEGETARIAN

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
JHB 0029020 0	01 02 03 04 05 06 07 08 09 10 11 12	P O BOX 95

City	State	Zip
CYRILDENE		2198

Country	Phone No.
REP SA	- 616 2930

Profession / Occupation HOUSE WIFE **

Hotel MORIAH PLAZA **

** 2617

Arrival SAA — Airline & Flight No. — 26.06.89 Date — Time of Arrival

**

Departure / — Airline & Flight No. — Date — Time of Departure

To be Completed by Head of Family

ACCOMPANIED BY:

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	
GEORGE MENDELSOHN	HEADS OF DELEGATION	**
		**
		**

** ** ** ** **

Signature

29.05.89
Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th maccabiah
המכביה ה-13
ישראל 3-13.7.89

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

92/II

Entry Form by Name

** NOC

** 20519

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F M)	Food Type * (01 - REGULAR, 02 - VEGETARIAN)
MENDELSOHN	GEORGE		X	

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
J 374392	01 02 03 04 05 06 07 08 09 10 11 12	P O BOX 95

City	State	Zip
CYRILDENE		2198

Country	Phone No.
REP S A	61 62 930

Profession / Occupation: DIRECTOR SHOE COMPANY **

Hotel: MORIAH PLAZA. **

** 2.17

Arrival: LUFTH 686M (Airline & Flight No.) · 21 June 89 (Date) · 15.15. (Time of Arrival)

**

Departure: TO BE ADVISED (Airline & Flight No.) ____ (Date) ____ (Time of Departure)

To be Completed by Head of Family

ACCOMPANIED BY:

MY WIFE - BARBARA. ** 20518

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	
		**
		**
		**

** ** ** **

M. McCarow.
Signature

29.05.89.
Date

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

* Please Circle The Applicable

** For Office Use Only

13th maccabiah המכביה ה

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC ** 20520

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F / M)	Food Type *
QUIN	ANNICK	21 02 51	X	01 · REGULAR (circled) / 02 · VEGETARIAN

Passport No.	Participation At Previous Maccabiot *
85FC08722	01 02 03 04 05 06 07 08 09 10 11 12

Address (No. - Street - Apt): 38 RUE MARECHAL FOCH

City: ABLON SUR SEINE — State — Zip: 94800

Country: FRANCE — Phone No.

Profession / Occupation: SALES MANAGER **

Hotel: CARLTON TEL AVIV **

Arrival: EL AL 312 (Airline & Flight No.) — 29.6.89 (Date) — 2310 (Time of Arrival) **

Departure: EL AL 323 (Airline & Flight No.) — 14.7.89 (Date) — 6? (Time of Departure) 7145 **

To be Completed by Head of Family

ACCOMPANIED BY:

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
		**
		**

ACCOMPANIED BY:	**
	**
	**
	**
	**

Signature

Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th maccabiah
המכביה

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

92/II

Entry Form by Name

** NOC

** 20521

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F / M)	Food Type *
LURIE	SANDRA	07 01 46	X	(01) - REGULAR; 02 - VEGETARIAN

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
JA A00126	01 02 03 04 05 06 07 08 09 10 11 12	P O BOX 18600

City	State	Zip
HILLBROW		2038

Country	Phone No.
REP SA	484 3900

Profession / Occupation: HOUSEWIFE **

Hotel: MORIAH PLAZA **

**

Arrival: SAA 256 2612 — 26.06.89 — 12.05
Airline & Flight No. — Date — Time of Arrival

**

Departure: EL AL LY 511 JBS NAVH — 13.07.89 — 23.00
Airline & Flight No. — Date — Time of Departure

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
J. LURIE	HEADS OF DELEGATION	**
		**

To be Completed by Head of Family

ACCOMPANIED BY:

	**
	**
	**
	**
	**

Signature

29.05.89
Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989
Please attach an identity photo to this entry form.

13th maccabiah המכביה
ישראל 3-13.7.89

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

92/II

Entry Form by Name

** NOC

** 20522

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F / M)	Food Type *
LURIE	JACK		X	(01) REGULAR / 02 - VEGETARIAN

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
JA 00208087	01 02 03 04 05 06 07 08 09 (10) (11) (12)	P O Box 18600

City	State	Zip
HILLBROW		2038

Country	Phone No.
REP S A	4843900

Profession / Occupation: ACCOUNTANT. **

Hotel: MORIAHA - PLAZA **

**

Arrival: ~~SAA~~ LUFTHANSA 686m — Airline & Flight No. | 21 June 89 — Date | 15.15. — Time of Arrival

**

Departure: EL AL LY511 7135 — Airline & Flight No. | 3.07.89. — Date | 23.00 — Time of Departure

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
		**
		**
		**

To be Completed by Head of Family

ACCOMPANIED BY: MY WIFE SANDRA ** 20521

**

**

**

**

M. Lurie
Signature

29.05.89
Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

92/II

13th maccabiah המכביה

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20523

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F / M)	Food Type *
KOFF	DAVE	07 10 38	X	(01) REGULAR / 02 - VEGETARIAN

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
J 1062671	01 02 03 04 05 06 07 08 09 10 11 12	59 BRADFIELD DRIVE

City	State	Zip
FAIRMOUNT EXT 1		2192

Country	Phone No.
REP SA	

**

Profession / Occupation SALES DIRECTOR

**

Hotel MORIAH PLAZA

**

Arrival SAA 256 2612 — Airline & Flight No.: 26.06.89. — Date: 12.05 — Time of Arrival

**

Departure EL AL LY 511 7135 WH — Airline & Flight No.: 13.07.89. — Date: 2300 — Time of Departure

To be Completed by Head of Family

ACCOMPANIED BY:

	Name	Sport	
If Family Members are Athletes or part of a Delegation please give details:			**
			**
			**

**
**
**
**
**

Signature

29.05.89
Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989
Please attach an identity photo to this entry form.

92/II

13th maccabiah המכביה

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 26524

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F / M)	Food Type *
MARCUS	JEAN	13 10 26	X	(01) REGULAR; 02 - VEGETARIAN

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
C 6822A1	01 02 03 04 05 06 07 08 09 10 11 12	P O Box 8001

City	State	Zip
CAMPS BAY		8001

Country	Phone No.
REP SA	

Profession / Occupation: TEXTILE DIRECTOR **

Hotel: MORIAH - PLAZA **

**

Arrival: S.A.A. 256 2612 — 26.06.89 — 12.05
Airline & Flight No. — Date — Time of Arrival

**

Departure: EL AL LY511 7135 — 13.07.89 — 23.00
Airline & Flight No. — Date — Time of Departure

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
		**
		**

To be Completed by Head of Family

ACCOMPANIED BY:

	**
	**
	**
	**
	**

Signature

29.05.89
Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

92/II

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20525

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F / M)	Food Type *
MARCUS	SOLOMON	07 04 22	X	(01) REGULAR / 02 - VEGETARIAN

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
C 5108A2 C	01 02 03 04 05 06 07 08 09 10 11 12	P O Box 8001

Profession / Occupation: TEXTILE DESIGNER **

Hotel: PLAZA-MORIANA **

City	State	Zip
CAMPS BAY		8001

Country	Phone No.
REP SA	

** 2612

Arrival: ~~ELAL~~ SAA 256 — Airline & Flight No. | 26.06.89 — Date | 12.05 — Time of Arrival

** 7135

Departure: ELAL LY 511 — Airline & Flight No. | 13.07.89 — Date | 23.00 — Time of Departure

To be Completed by Head of Family

ACCOMPANIED BY:

Name	**
JEAN	** 20524
	**
	**
	**
	**

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
		**
		**
		**

M Marcus
Signature

29.05.89.
Date

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

* Please Circle The Applicable

** For Office Use Only

92/IL

13th maccabiah המכביה

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20526

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F / M)	Food Type *
ELLERINE	RONA	14 11 38	X	01 - REGULAR; (02) VEGETARIAN

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
JA 313717	01 02 03 04 05 06 07 08 09 10 11 12	P O BOX 458

City	State	Zip
GERMISTON		1400

Country	Phone No.
REP SA	531846

Profession / Occupation: HOUSEWIFE **

Hotel: HILTON T/A **

** 7025

Arrival: ELAL LY 512 — Airline & Flight No. | 02.07.89 — Date | 7.40 — Time of Arrival

**

Departure: ELAL LY001/1411 — Airline & Flight No. | 14.07.89 — Date | 0100 — Time of Departure

To be Completed by Head of Family

ACCOMPANIED BY:

If Family Members are Athletes or part of a Delegation please give details: Name	Sport	**
		**
		**
		**
		**

Signature

29.05.89
Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989
Please attach an identity photo to this entry form.

13th maccabiah
המכביה ה13

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

92/II

Entry Form by Name

** NOC

** 26527

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F M)	Food Type *
ELLERINE	DIONNE	27 05 67	X	01 - REGULAR 02 - VEGETARIAN

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
J 235717	01 02 03 04 05 06 07 08 09 10 11 12	P O BOX 458

City	State	Zip
GERMISTON		1400

Country	Phone No.
REP SA	531846

Profession / Occupation STUDENT **

Hotel HILTON T/A **

** 7025

Arrival EL AL LY 512 (Airline & Flight No.) 02.07.89 (Date) 07.40 (Time of Arrival)

**

Departure EL AL LY 001/411 (Airline & Flight No.) 14.07.89 (Date) 0100 (Time of Departure)

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
		**
		**

To be Completed by Head of Family

ACCOMPANIED BY:

	**
	**
	**
	**
	**

Signature

29.05.89
Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

92/II

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20528

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F / M)	Food Type *
ELLERINE	ERIC	09 1 1 33	X	(01) REGULAR / 02 - VEGETARIAN

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
RPA 446772	01 02 03 04 05 06 07 08 09 10 11 12	P O BOX 458

City	State	Zip
GERMISTON		1400

Country	Phone No.
REP S A	531846

Profession / Occupation DIRECTOR COMPANIES. **

Hotel HILTON T/A 7025 **

Arrival EL AL LY 512 — Airline & Flight No. — 02.07.89 — Date — 0740 — Time of Arrival **

Departure ELAL LY001 411 — Airline & Flight No. — 14.07.89 — Date — 0100 — Time of Departure **

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	
		**
		**
		**

To be Completed by Head of Family

ACCOMPANIED BY:

MY WIFE – RONA ** 20526

MY DAUGHTER - DIORINE ** 20527

**

**

**

Mr Mancini

Signature

29.05.89

Date

* Please Circle The Applicable

** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th maccabiah המכביה
ישראל 3-13.7.89 Israel

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

92

Entry Form by Name

** NOC

** 20530

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F M)	Food Type *
MARGO	MARJORIE	08 07 30	F	01 - REGULAR (circled) / 02 - VEGETARIAN

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
J0004997 2	01 02 03 04 05 06 07 08 09 10 11 12 (10 circled)	16 SEVENTH AVENUE

City	State	Zip
LOWER HOUGHTON JOHANNESBURG		2196

Country	Phone No.
SOUTH AFRICA	728-4269

Profession / Occupation HOUSEWIFE **

Hotel MORIAH PLAZA **

** 2612

Arrival SAA — Airline & Flight No. — 26.06.89 — Date — Time of Arrival

** 7135

Departure EL AL LY 511 — Airline & Flight No. — 13.07.89 — Date — 23.00 — Time of Departure

To be Completed by Head of Family

ACCOMPANIED BY:

	Name	Sport	**
If Family Members are Athletes or part of a Delegation please give details:			**
			**

	**
	**
	**
	**
	**

M. Margo
Signature

M. Margo

29.05.89
Date

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

* Please Circle The Applicable

** For Office Use Only

92/II

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC [ ] ** 20531

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F M)	Food Type *
MARGO	CECIL STANLEY	10 07 15	M	01 - REGULAR (circled) / 02 - VEGETARIAN

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
J0004960 9	01 02 03 04 05 06 07 08 09 10 11 12 (10 11 12 circled)	16 SEVENTH AVENUE

City	State	Zip
LOWER HOUGHTON		2186

Country	Phone No.
JOHANNESBURG SOUTH AFRICA	728-4269

** [ ]

Profession / Occupation SUPREME COURT JUDGE (RET.) ** [ ]

Hotel MORIAH PLAZA ** [ ] 2612

Arrival SAA — Airline & Flight No. — 26.06.89 — Date — Time of Arrival

** [ ] 7135

Departure EL AL LY 511 — Airline & Flight No. — 13.07.89 — Date — 23.00 — Time of Departure

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
		** [ ]
		** [ ]
		** [ ]

To be Completed by Head of Family

ACCOMPANIED BY:

	**
WIFE (MARJORIE)	** 20530
	** [ ]
	** [ ]
	** [ ]
	** [ ]

C.S. Margo
Signature

M. Margo

29.05.89
Date

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

* Please Circle The Applicable
** For Office Use Only

92 / II

13th maccabiah המכביה

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20532

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F / M)	Food Type *
MANOIM	EVE	29 04 26	X	01 - REGULAR (circled) / 02 - VEGETARIAN

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
J 1136968	01 02 03 04 05 06 07 08 09 10 11 12	P O BOX 18

City	State	Zip
JHB		2000

Country	Phone No.
REP SA	337300 0

Profession / Occupation: SECRETARY **

Hotel: MORIAH PLAZA **

Arrival: SAA. 256 2612 — Airline & Flight No. — 26.06.89 — Date — 12.09. — Time of Arrival **

Departure: OPEN / — Airline & Flight No. — Date — Time of Departure **

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
MONTY MANOIM	HEAD OF DELEGATION	

To be Completed by Head of Family

ACCOMPANIED BY:

	**

M. Manoim
Signature

29.05.89
Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

92/II

13th maccabiah המכביה
ישראל 3-13.7.89 ישראל

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20533

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F M)	Food Type *
MANOIM	MONTY	11 03 24	X	(01) - REGULAR / 02 - VEGETARIAN

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
J 719234	01 02 03 04 05 06 07 (08) (09) (10) (11) 12	P O BOX 18

City	State	Zip
JHB		2000

Country	Phone No.
REP SA	33730000

Profession / Occupation: EXECUTIVE PRESIDENT **

Hotel: MORITA - PLAZA **

** 2612

Arrival: SAA. 256 (Airline & Flight No.) 26.06.89 (Date) 12.05 (Time of Arrival)

**

Departure: OPEN (Airline & Flight No.) (Date) (Time of Departure)

To be Completed by Head of Family

ACCOMPANIED BY:

My WIFE EVE ** 20532

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	
		**
		**
		**

	**
	**
	**

Signature

29.05.89
Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989
Please attach an identity photo to this entry form.

13th maccabiah המכביה ה13

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC [ ] ** 20534

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F / M)	Food Type *
BENAYOUN	DESIRE	25 12 17	M	01 - REGULAR (circled) / 02 - VEGETARIAN

Passport No.	Participation At Previous Maccabiot *
86RP7331	01 02 03 04 05 06 07 08 09 10 11 12

Address (No. - Street - Apt): 17-19 BD GENERAL LECLERC

City: LES LILAS — State: — Zip: 93260

Country: FRANCE — Phone No.: —

** [ ]

Profession / Occupation: REAL ESTATE ** [ ]

Hotel: CARLTON TEL AVIV ** [ ]

Arrival: EL AL 312 (Airline & Flight No.) — 29.6.89 (Date) — 2310 (Time of Arrival)

** [ ]

Departure: EL AL 323 7145 (Airline & Flight No.) — 14.7.89 (Date) — 6:- (Time of Departure)

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
BENAYOUN MAURICE	HEAD OF DELEGATION	[ ]
		[ ]
		[ ]

To be Completed by Head of Family

ACCOMPANIED BY:

	**
	[ ]
	[ ]
	[ ]
	[ ]
	[ ]

Signature

Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th maccabiah המכביה

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC [ ]

** 20535

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F / M)	Food Type *
CAESENS	JEAN-YVES	200658	X	01 - REGULAR (circled) / 02 - VEGETARIAN

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
657722	01 02 03 04 05 06 07 08 09 10 11 12 (02 circled)	7, AV. ED. MESENS

City	State	Zip
1040 BRUXELLES		

Country	Phone No.
BELGIQUE	02/736 44 33

Profession / Occupation: Délégué Commercial ** [ ]

Hotel: ** [ ]

Arrival: _____ (Airline & Flight No.) _____ (Date) _____ (Time of Arrival)

** [ ]

Departure: _____ (Airline & Flight No.) _____ (Date) _____ (Time of Departure)

To be Completed by Head of Family

ACCOMPANIED BY:

Name	Sport	
		** [ ]
		** [ ]
		** [ ]

If Family Members are Athletes or part of a Delegation please give details:

		** [ ]
		** [ ]
		** [ ]

Signature

19/06/89
Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th maccabiah המכביה
ישראל 3-13.7.89

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 220536

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F M)	Food Type *
COHEN	MARCEL	01 04 66	M	01 - REGULAR 02 - VEGETARIAN

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
I193250	01 02 03 04 05 06 07 08 09 10 11 12	DIEPENBROCKSTR. 9

City	State	Zip
AMSTERDAM		1077 VX

Country	Phone No.
HOLLAND	

** Profession / Occupation _____

** Hotel Moriah / Diplomat

**

Arrival KL 521 7024 — 2/2 09 — 16 30
Airline & Flight No. — Date — Time of Arrival

**

Departure KL 522 7165 — 16/7 — 10 30
Airline & Flight No. — Date — Time of Departure

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
		3824

To be Completed by Head of Family

ACCOMPANIED BY:

	**

Signature

30/5/89
Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th maccabiah המכביה

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20537

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F M)	Food Type *
MIZRACHI	TOVA	26 05 72	X	01 - REGULAR / 02 - VEGETARIAN

Passport No.	Participation At Previous Maccabiot *
8-309-422	01 02 03 04 05 06 07 08 09 10 11 12

Address (No. - Street - Apt): P.O. BOX 162 PANAMA 9A

City: PANAMA State: Zip:

Country: PANAMA Phone No.: 23-9981

** 3018

Profession / Occupation: STUDENT **

Hotel: **

Arrival: Airline & Flight No. ** Date Time of Arrival

Departure: Airline & Flight No. Date Time of Departure

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
		**
		**

To be Completed by Head of Family

ACCOMPANIED BY:

	**
	**
	**
	**
	**

Tova Mizrachi
Signature

Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th maccabiah המכביה

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20538

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F / M)	Food Type * (01 - REGULAR, 02 - VEGETARIAN)
PRINS-MOL	HANNA	17 06 42	X	

Passport No.	Participation At Previous Maccabiot * (01 02 03 04 05 06 07 08 09 10 11 12)
I542355	

Address (No. - Street - Apt): VOOR DE POORT 20

City: AMSTELVEEN State: I Zip: 1183KR

Country: HOLLAND Phone No.:

** Profession / Occupation: _____

** Hotel: HILTON T.A

**

Arrival: KL 525 (7272) — Airline & Flight No. — Date: 27/6 — Time of Arrival: 16.25

**

Departure: 13/7 L.Y 7139/3 — Airline & Flight No. — Date: 17 — Time of Departure: 9.00

To be Completed by Head of Family

ACCOMPANIED BY:

** 20539

Prins Alexander

**

**

**

**

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**

Signature

H. Smathout

30/5/89
Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th maccabiah המכביה

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20539

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F / M)	Food Type *
PRINS	ALEXANDER	05 02 38	X	01 - REGULAR 02 - VEGETARIAN

Passport No.	Participation At Previous Maccabiot *
368282M	01 02 03 04 05 06 07 08 09 10 11 (12)

Address (No. - Street - Apt): VOOR DE POORT 20

City: AMSTELVEEN State: 11 Zip: 03 KR

Country: HOLLAND Phone No.:

** Profession / Occupation _____

** Hotel HILTON T.A.

**

Arrival 27/6 KL 525 (7272) — Airline & Flight No. — 27/6 Date — 16.25 Time of Arrival

**

Departure 13/7 (7139) — Airline & Flight No. — LY Date — 9.00 Time of Departure

To be Completed by Head of Family

ACCOMPANIED BY:

Name	Sport	**

	**
Prins - Mol Hanna	20538

If Family Members are Athletes or part of a Delegation please give details:

Signature

30/5 89
Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

H. Smalhout

13th maccabiah המכביה

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20540

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F / M)	Food Type *
BETTSAK	MARIA	04 09 44	X	01 - REGULAR (circled) / 02 - VEGETARIAN

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
3-44-944	01 02 03 04 05 06 07 08 09 10 11 12	P.O. BOX 1878

City	State	Zip
PANAMA	PANAMA	1

Country	Phone No.
PANAMA	69-0495

Profession / Occupation _____ **

Hotel _____ **

**

Arrival _____ _____ _____
Airline & Flight No. Date Time of Arrival

**

Departure _____ _____ _____
Airline & Flight No. Date Time of Departure

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	
JOSEPH BETTSAK	CHESS	** 1883
ELLIS YOHROS	SWIMMER	** 1881
ABRAHAM BETTSAK	TABLE TENNIS	** 1884

M Bettsak
Signature

To be Completed by Head of Family

ACCOMPANIED BY:

EVA YOHROS	** 20547
	**
	**
	**
	**

_____
Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th maccabiah המכביה
ישראל 3-13.7.89

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20541

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F / M)	Food Type * (01 - REGULAR, 02 - VEGETARIAN)
STORK-KLEYN	DANIELLA	21 02 41	X	

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
938438N	01 02 03 04 05 06 07 08 09 10 11 12	BACHPLEIN 10

City	State	Zip
AMSTERDAM		1077GJ

Country	Phone No.
HOLLAND	

** Profession / Occupation _____

** Hotel Hillon T.A

** 7272

Arrival KL 525 (Airline & Flight No.) 27/6 (Date) 17 30 (Time of Arrival)

**

Departure LY 337 (Airline & Flight No.) 13/7 (Date) 10 00 (Time of Departure)

To be Completed by Head of Family

ACCOMPANIED BY:

Stork J. ** 20542

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
Stork Bastiaan	Tennis	**
Stork Alexander	Tennis	**
		**

Signature

30/5/89 Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

H. Smalhout

13th maccabiah המכביה

ישראל 3-בכ.89 ישראל 3-בכ.89

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC [ ] ** 20542

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F / M)	Food Type * (01 - REGULAR, 02 - VEGETARIAN)
STORK	JOHAN	20 10 39	X	

Passport No.	Participation At Previous Maccabiot * (01 02 03 04 05 06 07 08 09 10 11 12)	Address (No. - Street - Apt)
I073039		BACHPLEIN 10

City	State	Zip
AMSTERDAM		1077GJ

Country	Phone No.
HOLLAND	

** [ ]

Profession / Occupation: Docter

** [ ]

Hotel: Hilton T.A

** [ ]

Arrival: 27/6 09 — Airline & Flight No.: KL 525 7272 — Date: 27/6 09 — Time of Arrival: 17 30

** [ ]

Departure: LY 337 7134 — Airline & Flight No. — Date: 13/7 09 — Time of Departure: 10 00

To be Completed by Head of Family

ACCOMPANIED BY:

Name	Sport	**
Stork - Klyn D.E.		** 20541
		** [ ]
		** [ ]
		** [ ]
		** [ ]

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
Stork Alexander	Tennis	** 3659
Stork Bastiaan	Tennis	** 3660
		** [ ]

Signature

30/8 09
Date

H. Smalhout

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

* Please Circle The Applicable

** For Office Use Only

13th maccabiah
המכביה ה-13
ישראל 3-13.7.89

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20543

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F / M)	Food Type *
VYTH	ELLIS	05 1 47	X	01 - REGULAR 02 - VEGETARIAN

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
D007402	01 02 03 04 05 06 07 08 09 10 11 12	G. vd Veenstr. 90

City	State	Zip
AMSTERDAM		1077EL

Country	Phone No.
HOLLAND	

** Profession / Occupation _____

** Hotel PLAZA T.A (SHEFAYIM from 27/6 - 29/6)

Arrival: LY 036 (Airline & Flight No.) 2716 — 27/6 (Date) — 1630. (Time of Arrival)

Departure: LY 337 (Airline & Flight No.) 7166 — 16/7 (Date) — 0930 (Time of Departure)

To be Completed by Head of Family

ACCOMPANIED BY:

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport
M. Koster	Ass. Chef de Mission

** 3654

Signature

30/5/89 Date

H. Smalhout

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

* Please Circle The Applicable

** For Office Use Only

13th maccabiah המכביה
ישראל תשמ"ט · 13th 1989 Israel

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20544

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F / M)	Food Type * (01 - REGULAR, 02 - VEGETARIAN)
GELINS VAN	LIZ	18 06 46	X	

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
1469906	01 02 03 04 05 06 07 08 09 10 11 12	REAMURSTR. 5

City	State	Zip
BADHOEVEDORP		1171CA

Country	Phone No.
HOLLAND	

** Profession / Occupation _____

** Hotel PLAZA TEL AVIV (Shofayim 27/6 - 29/6)

2716

** Arrival 27/6 Airline & Flight No. LY 036 Date 27/6 Time of Arrival 1630.

** Departure LY 337 7166 Airline & Flight No. 15/7 Date 8.30 Time of Departure

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
Gelins van, Carel	Team official	
		**
		**

To be Completed by Head of Family

ACCOMPANIED BY:

	**
	**
	**
	**
	**

Signature

30/5/89
Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989
Please attach an identity photo to this entry form.

H. Smalhout

13th maccabiah
המכביה ה13
ישראל 3-13.7.89

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC: CAN ** 20546

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F / M)	Food Type *
MLOTEK	MORRIS		X	01 - REGULAR (circled) / 02 - VEGETARIAN

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
	01 02 03 04 05 06 07 08 09 10 11 12	71 BRUE AVE

City	State	Zip
TORONTO	ONTARIO	M6B1R6

Country	Phone No.
CANADA	

** Profession / Occupation _____

** Hotel _____

**

Arrival 018 (2) 29/6 06.55
Airline & Flight No. Date Time of Arrival

**

Departure _____ _____ _____
Airline & Flight No. Date Time of Departure

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
		**
		**

To be Completed by Head of Family

ACCOMPANIED BY:

	**
HELEN	20545
	**
	**
	**
	**

_____
Signature

_____
Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th maccabiah
המכביה ה13

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20547

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F / M)	Food Type *
YOHROS	EVA	02 07 66	X	01 - REGULAR / 02 - VEGETARIAN

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
8-251-895	01 02 03 04 05 06 07 08 09 10 11 12	P.O. BOX 4562 PANAMA 5

City	State	Zip
PANAMA	PANAMA	5

Country	Phone No.
PANAMA	69-1649

Profession / Occupation: HOUSEWIFE **

Hotel: BASEL **

** 3018

Arrival — Airline & Flight No. — Date — Time of Arrival

**

Departure — Airline & Flight No. — Date — Time of Departure

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	
ELLIS YOHROS	SWIMMER	** 1881
JOSEPH BETTSAK	CHESS	** 1883
ABRAHAM BETTSAK	TABLE TENNIS	** 1884

Eva Yohros
Signature

To be Completed by Head of Family

ACCOMPANIED BY:

MARIA BETTSAK ** 20540

**

**

**

**

Date

2

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

* Please Circle The Applicable

** For Office Use Only

VIP

13th maccabiah המכביה
ישראל 3-13.7.89

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20548

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F / M)	Food Type * (01 - REGULAR, 02 - VEGETARIAN)
GORIN DR.	DEBORAH	23 04 59	X	

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
I071206	01 02 03 04 05 06 07 08 09 10 11 12	KIEFSKAMP 44

City	State	Zip
AMSTERDAM		1082KA

Country	Phone No.
HOLLAND	

** Profession / Occupation: Doctor

** Hotel: Plaza T.A. (Shefayim 27/6 t/m 29/6)

** 2716

Arrival: 27/6 Airline & Flight No.: LY 036 Date: 27/6 Time of Arrival: 1630

** 7166

Departure: 16/7 Airline & Flight No.: LY 33[illegible] Date: 16/7 Time of Departure: 0830

To be Completed by Head of Family

ACCOMPANIED BY:

** 2502

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	
Smalhout H. Dhusband.	ass. Chef de Mission	** 003806
		**
		**

Signature: H. Smalhout

Date: 30/5/89

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th maccabiah המכביה

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20549

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F M)	Food Type *
GOLDBERG	JUDITH		X	01 - REGULAR 02 - VEGETARIAN

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
EJ744822	01 02 03 04 05 06 07 08 09 10 11 12	930 WINWICK RD

City	State	Zip
HALIFAX	B3H4L5	

Country	Phone No.
CAN	

Profession / Occupation 2. MASTERS BRIDGE **

Hotel CARLTON ** CA

**

Arrival BA660 (Airline & Flight No.) 3/7 (Date) 04.35 (Time of Arrival)

**

Departure BA 657 (Airline & Flight No.) 18/7 (Date) 08.10 (Time of Departure)

To be Completed by Head of Family

ACCOMPANIED BY:

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
VICTOR GOLDBERG	BRIDGE	2970

**

**

**

**

**

Signature

Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989
Please attach an identity photo to this entry form.

13th maccabiah המכביה
ישראל 13-23.7.89

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20550

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F M)	Food Type *
ACRICH	ANALYN	20 12 69	X	01 - REGULAR / 02 - VEGETARIAN

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
8-136-336	01 02 03 04 05 06 07 08 09 10 11 12	P.O. BOX 952

City	State	Zip
PANAMA	PANAMA	1

Country	Phone No.
PANAMA	64-7880

Profession / Occupation: STUDENT **

Hotel **

Arrival: 3018 (Airline & Flight No.) (Date) (Time of Arrival) **

Departure (Airline & Flight No.) (Date) (Time of Departure) **

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
~~JAIME ACRICH~~	~~SOFTBALL~~	1851
AIDA ACRICH	TENNIS	
WALTER ACRICH	SOFTBALL	1850

To be Completed by Head of Family

ACCOMPANIED BY: **

**

**

**

**

Andyn Acrich Z
Signature

Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th maccabiah המכביה

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20552

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F / M)	Food Type *
BENAIM	BETTY	08 02 46	X	01 - REGULAR / 02 - VEGETARIAN

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
8-110-197	01 02 03 04 05 06 07 08 09 10 11 12	P.O. BOX 8795

City	State	Zip
PANAMA	PANAMA	5

Country	Phone No.
PANAMA	23-7572

** Profession / Occupation: PHYSCHOLOGIST

** Hotel

**

Arrival: 18 556 (2015 3018) — Airline & Flight No. — 30/6 — Date — K 30 — Time of Arrival

**

Departure — Airline & Flight No. — Date — Time of Departure

To be Completed by Head of Family

ACCOMPANIED BY:

GABRIEL BENAIM	**
ABNER BENAIM	**
	**
	**
	**

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
JACOBO BENAIM	TENNIS MASTER	1889
		**
		**

Betty P. de Benaim
Signature

Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20553

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F M)	Food Type * (01 - REGULAR, 02 - VEGETARIAN)
STARR	HOWARD			

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
	01 02 03 04 05 06 07 08 09 10 11 12	1725 CALEDONIA RD

City	State	Zip

Country	Phone No.
CAN	

** Profession / Occupation _____

** Hotel SHERATON

** Arrival L4 018 (1) — Airline & Flight No. — 29/6 — Date — 02.30 — Time of Arrival

** Departure L4 385 (1) — Airline & Flight No. — 16/7 — Date — Time of Departure

To be Completed by Head of Family

ACCOMPANIED BY:

Name	Sport	**
ADAM	TRACK + FIELD	0178

**
20551

If Family Members are Athletes or part of a Delegation please give details:

Signature

Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th maccabiah
מכביה ה-13
ישראל 3-13.7.89

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20554

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F / M)	Food Type * (01 - REGULAR, 02 - VEGETARIAN)
SMITH	KRISTINA		X	

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
KF170550	01 02 03 04 05 06 07 08 09 10 11 12	150 BALMORAL AVE SUITE 403

City	State	Zip
TORONTO		

Country	Phone No.
CAN	

** Profession / Occupation _____

** Hotel _____

**

Arrival _____ Airline & Flight No. **

28/6 Date _____ Time of Arrival

Departure _____ Airline & Flight No. **

16/7 Date _____ Time of Departure

To be Completed by Head of Family

ACCOMPANIED BY:

Name	Sport	
		**
		**
ROBERT SMITH	RUGBY	** 2862
		**
		**
		**
		**
		**

_____ Signature

_____ Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th maccabiah המכביה

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

92

Entry Form by Name

** NOC

** 20558

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F / M)	Food Type *
FALLAS	SARA	15 08 71	X	01 - REGULAR / 02 - VEGETARIAN

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
Z -637 4703	01 02 03 04 05 06 07 08 09 10 11 12	OB ARRIO CALLE 54

City	State	Zip
PANAMA		

Country	Phone No.
PANAMA	23-7555

** Profession / Occupation _____

** Hotel _____

**

Arrival _____ 3018 _____ _____ _____
Airline & Flight No. Date Time of Arrival

**

Departure _____ _____ _____
Airline & Flight No. Date Time of Departure

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
		**
		**

To be Completed by Head of Family

ACCOMPANIED BY:

	**
	**
	**
	**
	**

Sarita Fallas
Signature

Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th maccabiah
המכביה ה13

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC ** 20550

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F / M)	Food Type *
HERES	LUNA	18 07 64	X	01 - REGULAR (circled) / 02 - VEGETARIAN

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
8- 232-81	01 02 03 04 05 06 07 08 09 10 11 12	

City	State	Zip
P. O. BOX 4062 ZONA LIBRE COLON		

Country	Phone No.
PANAMA REP. DE PANAMA	64-67 42

Profession / Occupation: INTERIOR DESIGN **

Hotel: ** 3018

Arrival: IB 886 (Airline & Flight No.) 30/6 (Date) 18.30 (Time of Arrival)

Departure: (Airline & Flight No.) (Date) (Time of Departure)

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	
		**
		**
		**

To be Completed by Head of Family

ACCOMPANIED BY:

	**
	**
	**
	**
	**

Signature

Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th maccabiah
המכביה ה13

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20557

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F / M)	Food Type *
SLOCHOWSKI	ANNITA	27 06 25	X	01 - REGULAR (X) / 02 - VEGETARIAN

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
1153839	01 02 03 04 05 06 07 08 09 10 11 12	JAVIER-PRADO-OESTE 2344 MAGDALENA

City	State	Zip
LIMA		

Country	Phone No.
PERU	618186

Profession / Occupation: SU CASA **

Hotel: RAMADA INN **

Arrival: SWISS AIR 7023 — 2 Julio — Time of Arrival **

(Airline & Flight No. / Date)

Departure: _____ — _____ — Time of Departure **

(Airline & Flight No. / Date)

To be Completed by Head of Family

ACCOMPANIED BY:

Name	Sport	**
		**
		**
		**
		**

"HEBRAICA"
ASOCIACION CULTURAL DEPORTIVA Y SOCIAL

Signature

Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th maccabiah המכביה ה

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC ** 20558

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F / M)	Food Type *
SLOCHOWSKI	ISRAEL	23 09 23	X	X - REGULAR / 02 - VEGETARIAN

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
1153840	01 02 03 04 05 06 07 08 09 10 11 12	JAVIER-PRADO-OESTE-2344 MAGDALENA

City	State	Zip
LIMA		

Country	Phone No.
PERU	618186

Profession / Occupation: INGENIERO MECANICO ELECTRICISTA. **

Hotel: RAMADA IN **

** 7023

Arrival: SWISS AIR (Airline & Flight No.) — 2 Julio (Date) — (Time of Arrival)

**

Departure: (Airline & Flight No.) — (Date) — (Time of Departure)

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
		**
		**

To be Completed by Head of Family

ACCOMPANIED BY:

	**
ANNITA SLOCHOWSKI (Esposa)	**
	**
	**
	**

"HEBRAICA"
ASOCIACION CULTURAL DEPORTIVA Y SOCIAL

Signature

Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th maccabiah המכביה

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20229

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F / M)	Food Type *
TINMAN	EVA	06 05 29	X	X 01- REGULAR; 02- VEGETARIAN

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
43624	01 02 03 04 05 06 07 08 09 10 11 12	GRAL-LA-FUENTE-152 SAN ISIDRO

City	State	Zip
LIMA		

Country	Phone No.
PERU	401440

Profession / Occupation: SU CASA **

Hotel: MORIAH PLAZA **

** 3001

Arrival: EL AL Vuelo 036 (Airline & Flight No.) — 30 Junio (Date) — 17:15 (Time of Arrival)

**

Departure: _____ (Airline & Flight No.) — _____ (Date) — _____ (Time of Departure)

To be Completed by Head of Family

ACCOMPANIED BY:

ENRIQUE TINMAN (Esposo) **

**

**

**

**

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	
		**
		**
		**

"HEBRAICA"
ASOCIACION CULTURAL DEPORTIVA Y SOCIAL

Signature

Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th maccabiah המכביה
israel 3-13.7.89 שראל'תשמ"ט ל'סיון-י"ח תמוז

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20560

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F / M)	Food Type *
TINMAN	ENRIQUE	18 03 20	X	01 - REGULAR 02 - VEGETARIAN

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
041412	01 02 03 04 05 06 07 08 09 10 11 12	GRAL-LA-FUENTE-152 SAN ISIDRO

Profession / Occupation: INGENIERO **

Hotel: MORIAH PLAZA **

City	State	Zip
LIMA		

Country	Phone No.
PERU	401440

**

Arrival: EL AL Vuelo 036 (300/) — 30 Junio — 17:15
Airline & Flight No. — Date — Time of Arrival

**

Departure: _____ — _____ — _____
Airline & Flight No. — Date — Time of Departure

To be Completed by Head of Family

ACCOMPANIED BY:

EVA TINMAN (Esposa) ** 20559

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	
		**
		**
		**

	**
	**
	**
	**

"HEBRAICA"
ASOCIACION CULTURAL DEPORTIVA Y SOCIAL

Signature

Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989
Please attach an identity photo to this entry form.

13th maccabiah המכביה
ישראל 3-13.7.89 israel

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20561

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F / M)	Food Type *
CHREM	TERA	20 05 23	X	X 01 - REGULAR 02 - VEGETARIAN

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
039973	01 02 03 04 05 06 07 08 09 10 11 12	Av. - NICARAGUA 2654 - LINCE

Profession / Occupation SU CASA **

Hotel MORIAH PLAZA **

City	State	Zip
LIMA		

Country	Phone No.
PERU	229031

Arrival EL AL Vuelo 036 3001 — 30 Junio — 17:15
Airline & Flight No. — Date — Time of Arrival **

Departure _____ — _____ — _____
Airline & Flight No. — Date — Time of Departure **

To be Completed by Head of Family

ACCOMPANIED BY: **

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	
		**
		**
		**

"HEBRAICA"
ASOCIACION CULTURAL DEPORTIVA Y SOCIAL

Signature

Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989
Please attach an identity photo to this entry form.

13th maccabiah המכביה

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20562

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F / M)	Food Type *
KAUFMAN	RAQUEL	01 01 38	X	01 - REGULAR 02 - VEGETARIAN

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
032115	01 02 03 04 05 06 07 08 09 10 11 12	Av. - MIROQUEZADA - 164 - 23 SAN ISIDRO

Profession / Occupation: SU CASA **

Hotel: MORIAH PLAZA **

City	State	Zip
LIMA		

Country	Phone No.
PERU	229725

Arrival: EL AL Vuelo 036 (3001) — Airline & Flight No. **

30 Junio — Date

17:15 — Time of Arrival

Departure: _____ — Airline & Flight No. **

_____ — Date

_____ — Time of Departure

To be Completed by Head of Family

ACCOMPANIED BY:

CHAIM KAUFMAN (Esposo) ** 20563

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	
		**
		**
		**

"HEBRAICA"
ASS[illegible] CULTURAL DEPO[illegible] Y SOCIAL

Signature

Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form

13th maccabiah המכביה

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20563

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F / M)	Food Type *
KAUFMAN	CHAIM	21 07 31	X	01 - REGULAR 02 - VEGETARIAN

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
043787	01 02 03 04 05 06 07 08 09 10 11 12	Av. MIROQUEZADA - 164 - 23 SAN ISIDRO

City	State	Zip
LIMA		

Country	Phone No.
PERU	229725

Profession / Occupation: COMERCIANTE **

Hotel: MORIAH PLAZA **

Arrival: EL AL Vuelo 036 (3001) — Airline & Flight No. — 30 Junio — Date — 17:15 — Time of Arrival **

Departure: _____ — Airline & Flight No. — _____ — Date — _____ — Time of Departure **

To be Completed by Head of Family

ACCOMPANIED BY:

RAQUEL KAUFMAN (Esposa) ** 20562

**

**

**

**

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	
		**
		**
		**

"HEBRAICA"
ASOCIACION CULTURAL DEPORTIVA Y SOCIAL

Signature

Date

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

* Please Circle The Applicable

** For Office Use Only

13th maccabiah
המכביה
ישראל 3-13.7.89

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20569

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F / M)	Food Type *
FEIGER	ITALA	09 08 36	X	01 - REGULAR 02 - VEGETARIAN

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
043797	01 02 03 04 05 06 07 08 09 10 11 12	LOS-CASTAÑOS-456 SAN ISIDRO

City	State	Zip
LIMA		

Country	Phone No.
PERU	417056

Profession / Occupation: SU CASA **

Hotel: MORIAH PLAZA **

Arrival: EL AL 036 (3001) — Airline & Flight No. — 30 Junio — Date — 17:15 — Time of Arrival — **

Departure: _____ — Airline & Flight No. — _____ — Date — _____ — Time of Departure

To be Completed by Head of Family

ACCOMPANIED BY:

NORBERTO FEIGER (Esposo) ** 20587

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	
		**
		**
		**

	**
	**
	**
	**

"HEBRAICA"
ASOCIACION CULTURAL DEPORTIVA Y SOCIAL

Signature

Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th maccabiah

PRESIDENTE

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20565

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F M)	Food Type *
FEIGER	NORBERTO	02 04 32	X	01 - REGULAR 02 - VEGETARIAN

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
039449	01 02 03 04 05 06 07 08 09 10 11 12	LOS-CASTAÑOS-456 SAN ISIDRO

City	State	Zip
LIMA		

Country	Phone No.
PERU	417056

Profession / Occupation: INDUSTRIAL **

Hotel: MORIAH PLAZA **

**

Arrival: EL AL 036 (Airline & Flight No.) — 30 Junio (Date) — 17:15 (Time of Arrival)

3001

**

Departure: _____ (Airline & Flight No.) — _____ (Date) — _____ (Time of Departure)

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
		**
		**

"HEBRAICA"
ASOCIACION CULTURAL-DEPORTIVA Y SOCIAL
Signature

To be Completed by Head of Family

ACCOMPANIED BY:

	**
ITALA FEIGER (Esposa)	20564
	**
	**
	**
	**

Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989
Please attach an identity photo to this entry form.

13th maccabiah המכביה
ישראל 13-בת"ד 88 יתכוח-ל"ס משחקי

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20566

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F / M)	Food Type *
DROZDIK	ELISE	16 12 21	X	01 - REGULAR 02 - VEGETARIAN

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
03 0925	01 02 03 04 05 06 07 08 09 10 11 12	MELO-FRANCO-273 JESUS MARIA

Profession / Occupation SU CASA **

Hotel MORIAH PLAZA **

City	State	Zip
LIMA		

Country	Phone No.
PERU	617489

**

Arrival EL AL Vuelo 036 3001 — 30 Junio — 17:15
Airline & Flight No. — Date — Time of Arrival

**

Departure _____ — _____ — _____
Airline & Flight No. — Date — Time of Departure

To be Completed by Head of Family

ACCOMPANIED BY:

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
		**
		**

** ** ** ** **

"HEBRAICA"
ASOCIACION CULTURAL Y SOCIAL

Signature

Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989
Please attach an identity photo to this entry form.

13th maccabiah המכביה

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC: VEN ** 20567

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F M)	Food Type *
GLIJANSKY	NATALIO			01 - REGULAR 02 - VEGETARIAN

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
42911	01 02 03 04 05 06 07 08 09 10 11 12	AV.PRINCIPAL DE LOS CHORROS

Profession / Occupation: PRESIDENT HONORARY **

Hotel: HORIZ PLAZA **

City	State	Zip
QTA. LOS JAZMINES	CARACAS	DF

Country	Phone No.
VENEZUELA	

Arrival: ALITALIA 2901 (Airline & Flight No.) — 29-06-89 (Date) — 17:10 (Time of Arrival) **

Departure: _____ (Airline & Flight No.) _____ (Date) _____ (Time of Departure) **

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport

To be Completed by Head of Family

ACCOMPANIED BY: **

Signature

30 ABR 1989
Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC ** 20668

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F M)	Food Type * (01 - REGULAR, 02 - VEGETARIAN)
LOBL	NACHMAN	24 10 41	X	

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
6287430	01 02 03 04 05 06 07 08 09 10 11 12	CALLE NEGRIN EDIF. EL GAVAN

Profession / Occupation GENERAL SECRETARIE **

Hotel HOME FAMILY **

City	State	Zip
CARACAS	DF	

Country	Phone No.
VENEZUELA	745516

Arrival ALITALIA AZ 746 290 — Airline & Flight No. — 29-06-89 Date — 17:10 Time of Arrival **

Departure _____ — Airline & Flight No. — _____ Date — _____ Time of Departure **

To be Completed by Head of Family

ACCOMPANIED BY:

Name	Sport	
		**
		**
		**

If Family Members are Athletes or part of a Delegation please give details:

	**
	**
	**
	**

Signature

Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th maccabiah המכביה

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC [ ] ** 20569

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F / M)	Food Type *
COHEN PARIENTE	AMRAM	10 09 30	x	01 REGULAR / 02 - VEGETARIAN

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
1728660	01 02 03 04 05 06 07 08 09 10 11 12	AVDA. BUENOS AIRES AVILA 82

City	State	Zip
CARACAS	DF	+ 1010 A

Country	Phone No.
VENEZUELA	5625152

** [ ] ** [ ]

Profession / Occupation: CHEF OF MISSION

Hotel: MORIAH PLAZA

** [ ]

Arrival: ALITALIA AZ 746 (Airline & Flight No.) 2901 (29-06-89) Date — 17:10 Time of Arrival

** [ ]

Departure: _____ (Airline & Flight No.) _____ Date _____ Time of Departure

To be Completed by Head of Family

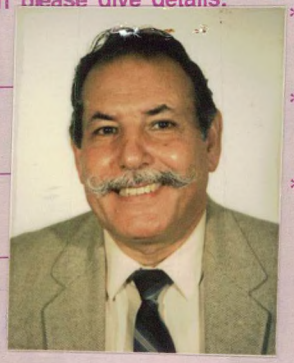
ACCOMPANIED BY:

		** [ ]
		** [ ]
		** [ ]
		** [ ]
		** [ ]

If Family Members are Athletes or part of a Delegation please give details:

Name

		** [ ]
		** [ ]
		** [ ]



Signature

Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th maccabiah
המכביה
ישראל 3-13.7.89

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC [ ]

** 20570

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F / M)	Food Type *
GHELMAN	DIANNE	19 07 46	X	01 - REGULAR (XXXXX) 02 - VEGETARIAN

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
3778232	01 02 03 04 05 06 07 08 09 10 11 12	CALLE EL TARTAGO E DF. VILLA

City	State	Zip
THEMIS APT.8-B	LA CASTELLANA.	

Country	Phone No.
CARACAS - VZUELA.	315223

** [ ]

Profession / Occupation _____

** [ ]

Hotel PLAZA MORIAN

** [ ]

Arrival ALITALIA AZ 746 | 29-06-89 | 17:10
Airline & Flight No. | Date | Time of Arrival

** [ ]

Departure _____ | _____ | _____
Airline & Flight No. | Date | Time of Departure

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
DANI AVRAM	TABLE TENNIS	** 3296
ELI AVRAM	TABLE TENNIS	** 3295
		**

To be Completed by Head of Family

ACCOMPANIED BY:

	**
	**
	**
	**
	**

Signature

Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th maccabiah
המכביה

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

** 20574

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F / M)	Food Type * (01 - REGULAR, 02 - VEGETARIAN)
FRANCO TACHER	ALBERTO	07 05 53	X	01

Passport No.	Participation At Previous Maccabiot *
4772641	01 02 03 04 05 06 07 08 09 10 11 12

Address (No. - Street - Apt): LOS CAOBOS

Profession / Occupation: OFICIALS CEM. **

Hotel: MORIA PLAZA **

City: CARACAS

State:

Zip:

Country: VENEZUELA

Phone No.:

Arrival: AZ 746 — Airline & Flight No. — 29/6 — Date — 1710 — Time of Arrival **

Departure: _____ — Airline & Flight No. — _____ — Date — _____ — Time of Departure **

To be Completed by Head of Family

ACCOMPANIED BY:

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport

Signature

Date

* Please Circle The Applicable

** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th maccabiah המכביה

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name C

OFFICIALS

NOC 20775

Family Name	First Name	Date of birth Day Month Year	Sex Women Men	Height cm	Weight kg	Food Type *
KOENIG W.	HERBERT.	21 09 50	X	185		01 - REGULAR 02 - VEGETARIAN 03 - NATURALIST

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
231580	01 02 03 04 05 06 07 08 09 10 11 12	AV. PRINCIPAL LOS CHORROS

City: CARACAS/ Zip:

State: Country: VENEZUELA.

CHECK ONE BLOCK		
01	CHEF OF MISSION	
02	ASSISTANT CHEF DE MISSION	
03	TEAM OFFICIAL	
04	COACH	
05	ASSISTANT COACH	
06	DOCTOR	
07	MASSEHR	
08	REFEREE	
09	INTER. OBSERVER	
10	JUDGE	
11	UMPIRE	
12	PRESS	
	OFFICIALS C.E.M.	

PLEASE CHECK APPROPRIATE EVENT(S)			
BA	BADMINTON	YA	SAILING
BB	BASKETBALL	SH	SHOOTING
CP	CLAY PIGEON	SF	SOFTBALL
CR	CRICKET	SQ	SQUASH
FE	FENCING	SW	SWIMMING
FH	FIELD HOCKEY	TA	TABLE TENNIS
FB	FOOTBALL	TE	TENNIS
GO	GOLF	TP	TEN PIN BOWLING
GY	GYMNASTICS	TF	TRACK & FIELD
JU	JUDO	VB	VOLLEYBALL
KA	KARATE	WA	WATERPOLO
LB	LAWN BOWLS	WL	WEIGHTLIFTING
MF	MINI FOOTBALL	WR	WRESTLING
RO	ROWING	BR	BRIDGE
RU	RUGBY UNION	CH	CHESS

PERSONAL ACHIEVEMENTS

(signed) _____ Captain of the Team

(countersigned) _____ Chairman of the Team

Date 30 ABR 1989

This form must reach the 13th Maccabiah Headquarters no later than May 15, 1989

Please attach an identity photo to this entry form.

PLEASE CIRCLE THE APPLICABLE *

13th maccabiah המכביה

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC ____ ** 20578

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F M)	Food Type *
Weinert	Dolly	29 01 39	X	01 - REGULAR 02 - VEGETARIAN

Passport No.	Participation At Previous Maccabiot *
G 1692964	01 02 03 04 05 06 07 08 09 10 11 12

Address (No. - Street - Apt): 7 Franz-Grillparzer Ring

City: Koeln 71 State: Zip: 5000

Country: W-Germany Phone No.:

** ____

Profession / Occupation _____

** ____

Hotel _____

** ____ 0215

Arrival _____ (Airline & Flight No.) _____ (Date) _____ (Time of Arrival)

** ____

Departure _____ (Airline & Flight No.) 7145 _____ (Date) _____ (Time of Departure)

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
		** ____
		** ____
		** ____

Signature

To be Completed by Head of Family

ACCOMPANIED BY:

	**
Mr. Weinett, Jossi	** 1980
	** ____
	** ____
	** ____

Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

13th maccabiah המכביה

13th Maccabiah Organizing Committee
Kfar Maccabiah
Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC ____ ** 20579

V.I.P.

Family Name	First Name	Date of birth (Day Month Year)	Sex (F M)	Food Type *
KOENIG	ANTJE	19 12 52	X	01 - REGULAR 02 - VEGETARIAN

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
E 6178963	01 02 03 04 05 06 07 08 09 10 11 12	ADIDAS AG

** 93

Profession / Occupation _____

**

Hotel _____

** 015

Arrival LH 686 (Airline & Flight No.) 21 (Date) 15.15 (Time of Arrival)

**

Departure _____ (Airline & Flight No.) 6/7 (Date) ? (Time of Departure)

City	State	Zip
8522 HERZOGENAURACH		

Country	Phone No.
WEST GERMANY	9132843327

If Family Members are Athletes or part of a Delegation please give details:

Name	Sport	**
		**
		**

To be Completed by Head of Family

ACCOMPANIED BY:

	**
	**
	**
	**
	**

_____
Signature

_____
Date

* Please Circle The Applicable
** For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.