



מוזיאון מכבי ע"ש פייר גילדסגיים

PIERRE GILDESGAME MACCABI SPORTS MUSEUM

נמסר' - 13

לפס' רשמה VIP אורחה

סימול 2-13-238

שם חטיבה נכס'ון

תאריך 1989

מס. מיכל 290



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

Entry Form by Name

** NOC

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2	0	2	8	4
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V.I.P.

Family Name												First Name												Date of birth Day Month Year			Sex F M		Food Type *						
B E N S O N												J A C K															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											
Profession / Occupation												City												State			Zip								
												N E Y Y O R K												N Y			1 0 0 2 3								
Hotel												Country												Phone No.											
												U S A																							

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

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

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

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To be Completed by Head of Family

ACCOMPANIED BY:

~~BENSON~~ WISE BARBARA

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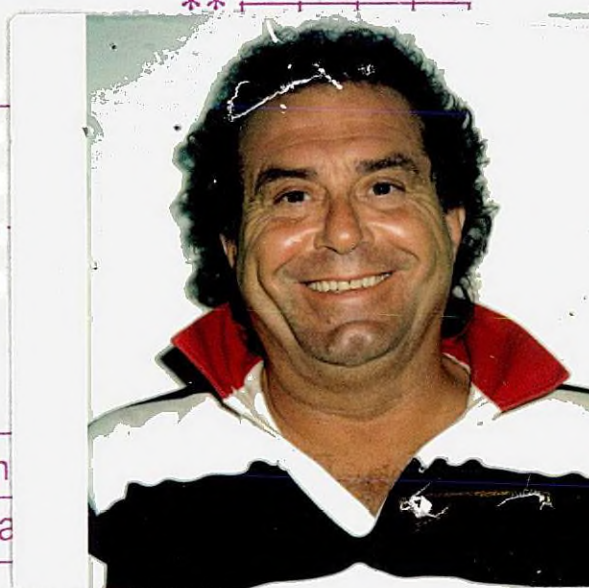
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Date _____

* Please Circle The Applicable
** For Office Use Only

This form
Please a

quarters no later than May 31, 1989
ry 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

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**

2	0	0	5	4
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V.I.P.

Family Name												First Name												Date of birth Day Month Year			Sex F M		Food Type *						
BERGMAN												BERNICE												181122			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											
Profession / Occupation												City												State				Zip							
												BROOKLYN												NY				11236							
Hotel HI												Country												Phone No.											
												USA																							

Arrival _____ Date _____ Time of Arrival _____

Airline & Flight No.

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Departure _____ Date _____ Time of Departure _____

Airline & Flight No.

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

Name

Sport

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**				

To be Completed by Head of Family

ACCOMPANIED BY:

**				
**				
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**				
**				

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.

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

Entry Form by Name

** NOC

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**

2	0	1	4	4
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V.I.P.

Family Name										First Name										Date of birth			Sex		Food Type *						
B L O O M B E R E										J E R O M E										Day	Month	Year	F	M	01 - REGULAR	02 - VEGETARIAN					
20										09										37					X						
Passport No.										Participation At Previous Maccabiot *										Address (No. - Street - Apt)											
E 1 8 8 7 4 2 6										01	02	03	04	05	06	07	08	09	10	11	12	1 6 B R A M B L E L A N E									

Profession / Occupation										City		State		Zip															
US SPONSOR										M E L V I L L E		N Y		1 1 7 4 7															
Hotel										Country										Phone No.									
										U S A																			

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		Date	

To be Completed by Head of Family

ACCOMPANIED BY:

SANIDI 26.01.40 E1887425
LEE 25.08.67 062336834

**	2	0	1	4	3
**	2	0	1	4	3
**					
**					
**					

Signature

Date

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

Entry Form by Name

** NOC

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20141



V.I.P.

Family Name												First Name												Date of birth Day Month Year			Sex F M		Food Type *						
BORENSTEIN												HENRY												140349			X		01 - REGULAR 02 - VEGETARIAN						
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												City												State						Zip					
US SPONSOR												PACIFIC PALISADES												CA						90272					
Hotel												Country												Phone No.											
HI												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:

JUDY 13.09.49 031701101

JENNY 11.11.76 031701102

SCOTT 20.01.78 031701103

** 20138

** 20139

** 20140

**

**

Signature

Date

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

Entry Form by Name

** NOC

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**

20297



V.I.P.

Family Name										First Name										Date of birth Day Month Year			Sex F M		Food Type *														
BORENSTEIN										JERRY L										13 05 31			X		01 - REGULAR 02 - VEGETARIAN														
Passport No.										Participation At Previous Maccabiot *										Address (No. - Street - Apt)																			
032639										01 02 03 04 05 06 07 08 09 10 11 12										5400 BALBOA BLVD 131																			
Profession / Occupation										City										State										Zip									
PHYSICIAN										ENCINO										CALIFORNIA										91316									
Hotel										Country										Phone No.																			
**										USA																													

Arrival _____ Date _____ Time of Arrival _____

Airline & Flight No.

**				
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Departure _____ Date _____ Time of Departure _____

Airline & Flight No.

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

**				
**				
**				

To be Completed by Head of Family

ACCOMPANIED BY:

**				
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**				
**				

Signature

Date

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13th maccabiah
המכביה ה-13
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

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2	0	2	9	6
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V.I.P.

Family Name										First Name										Date of birth Day Month Year			Sex F M		Food Type *				
BORENSTEIN										LORI													X		01 - REGULAR 02 - VEGETARIAN				
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									
Profession / Occupation										City										State			Zip						
										CHEVY CHASE										MD			20815						
Hotel										Country										Phone No.									
										USA																			

Arrival _____ Date _____ Time of Arrival _____

Airline & Flight No.

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Departure _____ Date _____ Time of Departure _____

Airline & Flight No.

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

Name

Sport

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To be Completed by Head of Family

ACCOMPANIED BY:

**				
**				
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**				
**				

Signature

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

Entry Form by Name

** NOC

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2	0	0	2	5
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V.I.P.

Family Name										First Name										Date of birth Day Month Year			Sex F M		Food Type *				
BRAVERMAN										EVA										20 06 68			X		01 - REGULAR 02 - VEGETARIAN				
Passport No.										Participation At Previous Maccabiot *										Address (No. - Street - Apt)									
022274366										01 02 03 04 05 06 07 08 09 10 11 12										1434 N. DEARBORN									
Profession / Occupation										City										State					Zip				
										CHICAGO										IL					60610				
Hotel										Country										Phone No.									
										USA																			

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Arrival _____ Date _____ Time of Arrival _____

Airline & Flight No.

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Departure _____ Date _____ Time of Departure _____

Airline & Flight No.

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

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To be Completed by Head of Family

ACCOMPANIED BY:

NATHAN ROSENBERG

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Signature

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Ramat-Gan 52105
Israel
Tel: 03-715733 Fax: 03-772059
Telex: 33319 MACAB IL.

Entry Form by Name

** NOC

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2	0	1	1	3
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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									
Profession / Occupation										City										State					Zip				
US SPONSOR										NEW YORK										NY									
Hotel										Country										Phone No.									

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Arrival _____ Date _____ Time of Arrival _____

Airline & Flight No.

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Departure _____ Date _____ Time of Departure _____

Airline & Flight No.

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

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To be Completed by Head of Family

ACCOMPANIED BY:

RUTH 27.06.52 062346831

GREGORY 03.05.77 F612847

ADAM 09.03.79 F656288

JASON 31.01.83 062345796

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2	0	1	0	9
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2	0	1	1	0
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2	0	1	1	1
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2	0	1	1	2
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Signature

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

Entry Form by Name

** NOC

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2	0	0	3	1
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V.I.P.

Family Name										First Name										Date of birth Day Month Year			Sex F M		Food Type *				
CHESS										RUTH										030520			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 #214									

Profession / Occupation										**		City										State		Zip	
												BELLEVUE										WA		98004	
Hotel										**		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:

~~ALLAN DALLEN~~

~~MOE JINER~~

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**				

Signature

Date

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

Entry Form by Name

** NOC

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2	0	1	0	8
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V.I.P.

Family Name												First Name												Date of birth			Sex		Food Type *						
CLooBeck												SHELDON H.												Day Month Year			F M		01 - REGULAR 02 - VEGETARIAN						
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												City												State						Zip					
US SPONSOR												ENCINO												CA						91436					
Hotel												Country												Phone No.											
**												USA																							

Arrival _____ Date _____ Time of Arrival _____

Airline & Flight No.

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Departure _____ Date _____ Time of Departure _____

Airline & Flight No.

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

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To be Completed by Head of Family

ACCOMPANIED BY:

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Signature

Date

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

Entry Form by Name

** NOC

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20104



V.I.P.

Family Name										First Name										Date of birth Day Month Year			Sex F M		Food Type *				
DALFEN										ALLAN										310343			X		01 - REGULAR 02 - VEGETARIAN				
Passport No.										Participation At Previous Maccabiot *										Address (No. - Street - Apt)									
EM-113396										01 02 03 04 05 06 07 08 09 10 11 12										467 S. RODEO DRIVE									
Profession / Occupation										City										State			Zip						
US SPONSOR										BEVERLEY HILLS										CA			90212						
Hotel										Country										Phone No.									
										USA																			

Arrival Airline & Flight No. Date Time of Arrival

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Departure Airline & Flight No. Date Time of Departure

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

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To be Completed by Head of Family

ACCOMPANIED BY:

CECILE 07.06.46 XR192089

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Signature

Date

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

Entry Form by Name

** NOC

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2	0	0	5	7
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V.I.P.

Family Name										First Name										Date of birth			Sex		Food Type *														
D E N E W B E R G										S I M O N										Day Month Year			F M		01 - REGULAR 02 - VEGETARIAN														
1 2 0 4 3 4										Y																													
Passport No.										Participation At Previous Maccabiot *										Address (No. - Street - Apt)																			
D I R S I R 2										01 02 03 04 05 06 07 08 09 10 11 12										6 0 7 W A Y F I E L D R D																			
Profession / Occupation										City										State										Zip									
U S S P O N S O R										W Y N N E W O O D										P A										1 9 0 9 6									
Hotel										Country										Phone No.																			
H I										U S A																													

Arrival _____ Date _____ Time of Arrival _____

Airline & Flight No.

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Departure _____ Date _____ Time of Departure _____

Airline & Flight No.

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

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To be Completed by Head of Family

ACCOMPANIED BY:

**				
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Signature

Date

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

Entry Form by Name

** NOC

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**

20029



V.I.P.

Family Name												First Name												Date of birth Day Month Year			Sex F M		Food Type *						
DINNER												MOE												190617			X		01 - REGULAR 02 - VEGETARIAN						
Passport No.												Participation At Previous Maccabiot *												Address (No. - Street - Apt)											
070284137												01 02 03 04 05 06 07 08 09 10 11 12												9043 N E 37th PLACE											

Profession / Occupation												**		City												State		Zip	
US SPONSOR														BELLEVUE												WA		98004	
Hôtel												**		Country												Phone No.			
														USA															

Arrival												Date												Time of Arrival											
Airline & Flight No.																																			
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Departure												Date												Time of Departure											
Airline & Flight No.																																			
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If Family Members are Athletes or part of a Delegation please give details:																							
Name												Sport											

To be Completed by Head of Family

ACCOMPANIED BY:

~~CHESSE~~
~~RUTH~~ 03.05.20 070507967
~~BARBARA~~
~~BARBARA~~ 08.12.49 1889627
(see attached form)

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**			
**			

Signature

Date

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

Entry Form by Name

** NOC

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V.I.P.

DINNER Family Name										BARBARA First Name										Date of birth Day Month Year			Sex F M		Food Type *				
BINNER																				08 12 49			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										934 SCOTT AVENUE									

Profession / Occupation										City		State		Zip	
										KANSAS CITY		KS		66105	
Hotel										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:

~~RUTH A CHESSE 03-05-20 070507967~~
~~MOE 17-06-17 070284137~~

Signature

Date

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13th maccabiah
המכביה ה-13
ישראל והעברת ליסוף ירחון 1989-90

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

Entry Form by Name

** NOC

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2	0	1	0	2
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V.I.P.

Family Name										First Name										Date of birth Day Month Year			Sex F M		Food Type *				
DWORKIN										SIDNEY										130121			Y		01 - REGULAR 02 - VEGETARIAN				
Passport No.										Participation At Previous Maccabiot *										Address (No. - Street - Apt)									
042370328										01 02 03 04 05 06 07 08 09 10 11 12										7300 VALLEY VIEW									
Profession / Occupation										City										State			Zip						
US SPONSOR										HUDSON										OH			44236						
Hotel										Country										Phone No.									
**										USA																			

Arrival _____ Date _____ Time of Arrival _____

Airline & Flight No.

**				
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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:

DORIS R. 13.11.22 012508521

**	2	0	1	0	1
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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

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2	0	1	8	0
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V.I.P.

Family Name										First Name										Date of birth Day Month Year			Sex F M		Food Type *				
E R E N B E R G										A L A N										2 8 0 4 5 0 0 9 0 2 7 8			Y		01 - REGULAR 02 - VEGETARIAN				
Passport No.										Participation At Previous Maccabiot *										Address (No. - Street - Apt)									
0 3 1 9 0 9 9 1 2 0 3 3 0 0 8 1 9 5										01 02 03 04 05 06 07 08 09 10 11 12										5 5 N V E N I C E B L V D A P T 3 0 1									
Profession / Occupation										City										State					Zip				
N E A R E A U S S P O N S O R										V E N I C E										C A					9 0 2 9 1				
Hotel										Country										Phone No.									
**										U S A																			

Arrival Airline & Flight No. Date Time of Arrival

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Departure Airline & Flight No. Date Time of 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:

ILYA 03.04.79 033008194

~~ALAN~~ ~~ERENBERG~~

VICTOR 09.02.78 033008195

**	2	0	1	7	8
**					
**	2	0	1	7	9
**					
**					

Signature

Date

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

Entry Form by Name

** NOC

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**

2	0	1	7	7
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V.I.P.

Family Name												First Name												Date of birth Day Month Year			Sex F M		Food Type *						
ERENBERG												DOUGLAS												050451			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											
Profession / Occupation												City												State				Zip							
US SPONSOR												LOS ANGELES												CA				90069							
Hotel												Country												Phone No.											
												USA																							

Arrival Airline & Flight No. Date Time of Arrival

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

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

**				
**				
**				

To be Completed by Head of Family

ACCOMPANIED BY:

FEUCE MANCINI 04.05.52 031750629

**	2	0	1	7	6
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~~Anna Mancini~~ ~~04.05.52~~ ~~031750629~~

~~Anna Mancini~~ ~~04.05.52~~ ~~031750629~~

~~Anna Mancini~~ ~~04.05.52~~ ~~031750629~~

~~Anna Mancini~~ ~~04.05.52~~ ~~031750629~~

**				
**				
**				
**				

Signature

(Signature)

Date

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Please attach an identity photo to this entry form.

* Please
** For Office Use



13th Maccabiah
המכביה ה-13
מרכז הוועדה לתיאום תחרויות 3-772059

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

Entry Form by Name

** NOC

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**

2	0	1	0	0
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V.I.P.

Family Name										First Name										Date of birth			Sex		Food Type *				
FELDMAN										HOWARD										Day Month Year			F M		01 - REGULAR 02 - VEGETARIAN				
020635										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									
Profession / Occupation										City										State					Zip				
US SPONSOR										WEST PALM BEACH										FL					33401				
Hotel										Country										Phone No.									
91										USA																			

Arrival _____ Date _____ Time of Arrival _____

Airline & Flight No.

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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:

SUZANNE 02.10.42 041619533 20099

2	0	0	9	9
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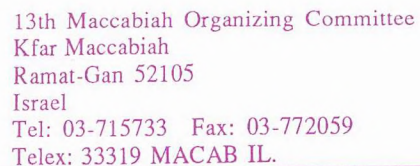
Signature

Date

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** For Office Use Only



* * NOC

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2	0	2	8	2
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Profession / Occupation PHYSICIAN

Hotel _____

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Departure			
Airline & Flight No.	Date	Time of Departure	
If Family Members are Athletes or part of a Delegation please give details:		**	
Name	Sport	**	
		**	
		**	

ACCOMPANIED BY:

Five empty 4x4 grids, each preceded by two asterisks (**).

Date _____

* Please Circle The Applicable
** For Office Use Only

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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

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**

2	0	0	5	6
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V.I.P.

Family Name												First Name												Date of birth			Sex		Food Type *						
FOONBERG												HAROLD												Day Month Year			F M		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											

Profession / Occupation												** 91		City						State		Zip			
Hotel HI												**		BEVERLEY HILLS						CA		90210			
Country												Phone No.													
USA																									

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:												**											
ELEANORE												20055											
032707083																							

Signature _____ Date _____

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

Entry Form by Name

** NOC

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2	0	0	9	3
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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 *												Address (No. - Street - Apt)											
												01 02 03 04 05 06 07 08 09 10 11 12												1709 ASCOT WAY A											
Profession / Occupation <u>SENIOR ACCOUNT MANAGER</u>												City												State			Zip								
												RESTON												VA			22090								
Hotel <u>HI</u>												Country												Phone No.											
												USA																							

Arrival _____ Date _____ Time of Arrival _____

Airline & Flight No.

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Departure _____ Date _____ Time of Departure _____

Airline & Flight No.

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

**				
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**				

To be Completed by Head of Family

ACCOMPANIED BY:

CAROL 30.09.64 013941635
ALLIANCE

**	2	0	0	9	2
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**					
**					

Signature

Date

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photo to this entry form.

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

Entry Form by Name

** NOC

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2	0	0	9	5
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V.I.P.

Family Name										First Name										Date of birth Day Month Year			Sex F M		Food Type *				
FOX										ALLEN										29 11 36			X		01 - REGULAR 02 - VEGETARIAN				
Passport No.										Participation At Previous Maccabiot *										Address (No. - Street - Apt)									
100039275										01 02 03 04 05 06 07 08 09 10 11 12										1609 OLD WELSH RD									
Profession / Occupation <u>US SPONSOR</u> <u>EXHIBITOR</u>										City										State					Zip				
Hotel										HUNTINGDON VALLEY										PA					19006				
Country										Phone No.																			
USA																													

**

91

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Arrival _____ Date _____ Time of Arrival _____

Airline & Flight No.

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Departure _____ Date _____ Time of Departure _____

Airline & Flight No.

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

Name

Sport

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To be Completed by Head of Family

ACCOMPANIED BY:

SUZAN 13.11.45 100039274

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Date

Signature

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** 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

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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 *												Address (No. - Street - Apt)											
070281210										01 02 03 04 05 06 07 08 09 10 11 12												8798 DUVEEN DRIVE											
Profession / Occupation										City												State				Zip							
Attorney										WYNDMOOR												PA				19118							
Hotel										Country												Phone No.											
**										USA																							

Arrival Airline & Flight No. Date Time of Arrival

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Date

Time of Arrival

To be Completed by Head of Family

ACCOMPANIED BY:

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Departure Airline & Flight No. Date Time of Departure

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Date

Time of Departure

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

**

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Signature

Date

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** 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

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**

20098



V.I.P.

Family Name										First Name										Date of birth Day Month Year			Sex F M		Food Type *				
FOX										PAUL										131159			X		01 - REGULAR 02 - VEGETARIAN				
Passport No.										Participation At Previous Maccabiot *										Address (No. - Street - Apt)									
F831009										01 02 03 04 05 06 07 08 09 10 11 12										350 PROSPECT AVE APT 502									
Profession / Occupation										City										State					Zip				
Handwritten: <i>Handwritten text</i>										HACKENSACK										NJ					07601				
Hotel										Country										Phone No.									
**										USA																			

Arrival Airline & Flight No. Date Time of Arrival

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Departure Airline & Flight No. Date Time of Departure

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

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To be Completed by Head of Family

ACCOMPANIED BY:

STEPHANIE 26.05.59 F848061

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20097

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Signature

Date

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Attach an identity photo to this entry form.

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

Entry Form by Name

** NOC

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**

2	0	2	7	1
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V.I.P.

Family Name												First Name												Date of birth Day Month Year			Sex F M		Food Type *																		
FREEDMAN												SANFORD												250153			X		01 - REGULAR 02 - VEGETARIAN																		
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												City												State												Zip											
ATTORNEY												N. MIAMI												FL												33181											
Hotel												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:

ROXAN^A 08.10.49 09114509
DAVID 08.09.82 091135804

**	2	0	2	6	9
**	2	0	2	7	0
**					
**					
**					

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

**				
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Date

* 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

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V.I.P.

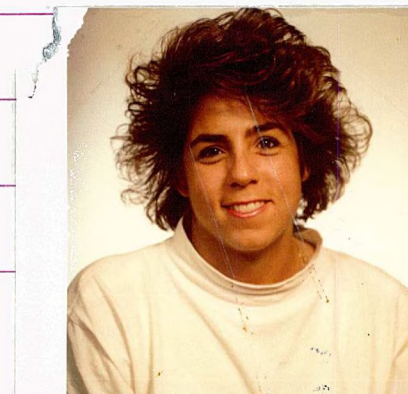
Family Name										First Name										Date of birth Day Month Year			Sex F M		Food Type * 01 - REGULAR 02 - VEGETARIAN				
GARBER										ELISA																			
Passport No.										Participation At Previous Maccabiot *										Address (No. - Street - Apt)									
042460715										01 02 03 04 05 06 07 08 09 10 11 12										3802 NW 34TH ST									

Profession / Occupation										City										State										Zip									
										LAUDERDALE LAKES										FL																			
Hotel										Country										Phone No.																			
										USA																													

Arrival										Date										Time of Arrival									
										27/7																			
Airline & Flight No.																													
Departure										Date										Time of Departure									
										27/7																			
Airline & Flight No.																													

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

To be Completed by Head of Family									
ACCOMPANIED BY:									



Signature

Date

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Please attach an identity photo to this entry form.

* Please Circle The Applicable
** For Office Use Only



* * NOC

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✿ ✿

20027

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

Entry Form by Name

** NOC

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2	0	0	28
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V.I.P.

Family Name										First Name										Date of birth Day Month Year			Sex F M		Food Type *				
GEIBELSON										MICHAEL										25 12 70			X		01 - REGULAR 02 - VEGETARIAN				
Passport No.										Participation At Previous Maccabiot *										Address (No. - Street - Apt)									
033144734										01 02 03 04 05 06 07 08 09 10 11 12										3698 ANASTASIA DR									
Profession / Occupation <i>Senior Manager</i>										City										State					Zip				
										ENCINO										CA					91316				
Hotel										Country										Phone No.									
										USA																			

Arrival Airline & Flight No. Date Time of Arrival

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Departure Airline & Flight No. Date Time of Departure

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

**				
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**				

To be Completed by Head of Family

ACCOMPANIED BY:

Jeffrey Geibelson

**				
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**				
**				

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

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2	0	9	1
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V.I.P.

Family Name										First Name										Date of birth Day Month Year			Sex F M		Food Type *				
GLASSMAN										DAVID										070340			X		01 - REGULAR 02 - VEGETARIAN				
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										City										State			Zip						
US SPONSOR										HOLLYWOOD										FL			33020						
Hotel										Country										Phone No.									
HI										USA																			

**

9	1
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Arrival _____ Date _____ Time of Arrival _____

Airline & Flight No.

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Departure _____ Date _____ Time of Departure _____

Airline & Flight No.

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

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To be Completed by Head of Family

ACCOMPANIED BY:

HELEN 23.06.41 041461452

REBECCA 31.01.70 041472218

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2	0	8	8
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Signature

Date

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13th maccabiah
המכביה ה-13
ישראל השמינית והסוף ייתמו 3-12-89

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

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2	0	0	4	8
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V.I.P.

Family Name										First Name										Date of birth Day Month Year			Sex F M		Food Type *				
GOLD										ALBERT										10 1 27			X		01 - REGULAR 02 - VEGETARIAN				
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.										City										State			Zip						
Hotel										SANTA MONICA										CA			90403						
Country										Phone No.																			
USA																													

Arrival Airline & Flight No. Date Time of Arrival

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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:

CAROLYN 23.08.37 033019445

**	2	0	0	4	7
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**				
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Signature

Date

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** 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

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**

2	0	0	4	6
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V.I.P.

Family Name										First Name										Date of birth Day Month Year			Sex F M		Food Type *				
GOLDBERG										MARSHALL										24 1 017			Y		01 - REGULAR 02 - VEGETARIAN				
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									
Profession / Occupation										City										State					Zip				
US SPONSOR										CHICAGO										IL					60611				
Hotel										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:

RITA 30.04.30 021262549

**	2	0	0	4	5
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**					
**					
**					

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

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2	0	0	6	1
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V.I.P.

Family Name										First Name										Date of birth Day Month Year			Sex F M		Food Type *									
GOOD										STEVEN C										10 10 42			X		01 - REGULAR 02 - VEGETARIAN									
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 <u>USA</u>										City										State					Zip									
Hotel <u>HI</u>										91										SANTA MONICA					CA					90402				
Country										Phone No.																								
USA																																		

Arrival _____ Date _____ Time of Arrival _____

Airline & Flight No.

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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 BARI 25.08.43 032224703

2	0	0	5	8
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M BRIAN 13.08.70 032275557

2	0	0	5	9
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W KATHERINE 23.02.72 033050940

2	0	0	6	0
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Signature

Date

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

Entry Form by Name

** NOC

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**

2	0	0	8	7
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V.I.P.

Family Name												First Name												Date of birth Day Month Year			Sex F M		Food Type *						
GOLDFEIN												GARY												030644			X		01 - REGULAR 02 - VEGETARIAN						
Passport No.												Participation At Previous Maccabiot *												Address (No. - Street - Apt)											
030654371												01 02 03 04 05 06 07 08 09 10 11 12												229 N CLIFFWOOD AVE											
Profession / Occupation <u>US SPONSOR</u>												City												State			Zip								
												LOS ANGELES												CA			90049								
Hotel <u>HI</u>												Country												Phone No.											
												USA																							

Arrival _____ Date _____ Time of Arrival _____

Airline & Flight No.

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Departure _____ Date _____ Time of Departure _____

Airline & Flight No.

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

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**				
**				

To be Completed by Head of Family

ACCOMPANIED BY:

LINDA 23.11.47 030655633

**					
**	2	0	0	8	4

COURTNEY 08.05.74 032800512

**					
**	2	0	0	8	5

KEVIN 16.12.76 032800513

**					
**	2	0	0	8	6

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Signature

Date

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13th maccabiah
המכביה ה-13
מרכז הספורט הלאומי תל אביב-יפו

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

Entry Form by Name

** NOC

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**

2	0	0	8	3
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V.I.P.

Family Name										First Name										Date of birth Day Month Year			Sex F M		Food Type *				
GOLDSTEIN										MARK S										14 1 42			X		01 - REGULAR 02 - VEGETARIAN				
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									
Profession / Occupation										City										State			Zip						
US SPONSOR / ATTORNEY										POTOMAC										MD			20854						
Hotel										Country										Phone No.									
HI										USA																			

Arrival _____ Date _____ Time of Arrival _____

Airline & Flight No.

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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:

JENNIFER 22.01.75 013273258

FAITH 31.10.42 013190560

2	0	0	8	1
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2	0	0	8	2
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Date

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

Entry Form by Name

** NOC

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**

20044



V.I.P.

Family Name										First Name										Date of birth Day Month Year			Sex F M		Food Type *				
GOODMAN										ARTHUR										030825			Y		01 - REGULAR 02 - VEGETARIAN				
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										City										State					Zip				
Profession / Occupation										WEST ORANGE										NJ					07052				
Hotel										Country										Phone No.									
**										USA																			

Arrival Airline & Flight No. Date Time of Arrival

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Departure Airline & Flight No. Date Time of Departure

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

ARTHUR GOODMAN

CLAY PIGEON

**

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To be Completed by Head of Family

ACCOMPANIED BY:

w Ruth 22.05.29 D864306

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20043

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Signature

Date

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** For Office Use Only



* * NOC

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20042

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[illegible][illegible]

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Date _____

* Please Circle The Applicable
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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

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2	0	0	3	8
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V.I.P.

Family Name										First Name										Date of birth Day Month Year			Sex F M		Food Type *				
GREENBERG										(AARON) RON										150531			X		01 - REGULAR 02 - VEGETARIAN				
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									
Profession / Occupation										City										State					Zip				
US SPONSOR UNIVERSITY										WOODLAND HILLS										CA					91364				
Hotel										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 NANCY 03.03.86 033158429

**				
**				
**				
**				

Signature

Date

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* * NOC

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2	0	0	3	4
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Date _____

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

Entry Form by Name

** NOC

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**

2	0	5	3
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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										City										State			Zip						
US SPONSOR										N WOODMERE										NY			11581						
Hotel										Country										Phone No.									
HI										USA																			

Arrival _____ Date _____ Time of Arrival _____

Airline & Flight No.

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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:

**				
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**				

Signature

Date

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

Entry Form by Name

** NOC

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2	0	0	8	0
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V.I.P.

Family Name										First Name										Date of birth Day Month Year			Sex F M		Food Type *				
GROFF										STEPHEN										22 03 33			X		01 - REGULAR 02 - VEGETARIAN				
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										City										State					Zip				
US SPONSOR										TARPON SPRINGS										FL					34689				
Hotel										Country										Phone No.									
HI										USA																			

Arrival Airline & Flight No. Date Time of Arrival

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Departure Airline & Flight No. Date Time of Departure

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

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To be Completed by Head of Family

ACCOMPANIED BY:

W GEBENA 07.03.43 011216T

W MAIRHINDA 07.01.70 041965166

M MICHAEL GROFF 21.05.66

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2	0	0	7	7
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2	0	0	7	8
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2	0	0	7	9
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Signature

Date

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

Entry Form by Name

** NOC

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2	0	0	7	6
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V.I.P.

Family Name												First Name												Date of birth Day Month Year			Sex F M		Food Type *						
GROSSMAN												BETSY												21 07 45			X		01 - REGULAR 02 - VEGETARIAN						
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											
Profession / Occupation												City												State			Zip								
US SPONSOR EXECUTIVE												POTOMAC												MD			20854								
Hotel												Country												Phone No.											
HI												USA																							

Arrival _____ Date _____ Time of Arrival _____

Airline & Flight No.

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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:

W RobBee 19.10.70 012211427
W Wendi 16.09.73 012190917
M GEOFFREY 10.04.76

2	0	0	7	3
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2	0	0	7	4
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2	0	0	7	5
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Date

* Please Circle The Applicable
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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

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2	0	0	7	2
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V.I.P.

Family Name												First Name												Date of birth Day Month Year			Sex F M		Food Type *						
H A A N												A L A N												0 9 0 6 4 1			X		01 - REGULAR 02 - VEGETARIAN						
Passport No.												Participation At Previous Maccabiot *												Address (No. - Street - Apt)											
F 9 4 0 1 4 7												0 1 0 2 0 3 0 4 0 5 0 6 0 7 0 8 0 9 1 0 1 1 1 2												4 4 4 5 A L T A T U P E L O D R I V E											
Profession / Occupation												City												State						Zip					
US SPONSOR RUBINER												C A L A B A S A S												C A						9 1 3 0 2					
Hotel												Country												Phone No.											
H I												U S A																							

Arrival _____ Date _____ Time of Arrival _____

Airline & Flight No.

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Departure _____ Date _____ Time of Departure _____

Airline & Flight No.

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

**				
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**				

To be Completed by Head of Family

ACCOMPANIED BY:

w LINDA 28.05.47 D377372
m JOSHUA D. 21.03.75 G418162
m ZACHARY 13.02.76 G418162

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Signature

Date

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

Entry Form by Name

** NOC

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2	0	0	3	6
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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									

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

City State Zip

LINCOLNWOOD IL 60646

Country Phone No.

USA

To be Completed by Head of Family

ACCOMPANIED BY:

W JUNE 01.06.25 080227442

** 2 0 0 3 5

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**

Signature

Date

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

Entry Form by Name

** NOC

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V.I.P.

Family Name												First Name												Date of birth Day Month Year			Sex F M		Food Type *						
HIRSCHHORN												ADRIAN												081223			X		01 - REGULAR 02 - VEGETARIAN						
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											
Profession / Occupation												City												State						Zip					
us sponsor												KILLINGWORTH												CT						06417					
Hotel												Country												Phone No.											
**												USA																							

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Arrival _____ Date _____ Time of Arrival _____

Airline & Flight No.

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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 JOYCE 29.06.26 J022209

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2	0	0	3	9

Signature

Date

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Please attach an identity photo to this entry form.

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

Entry Form by Name

** NOC

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**

20279



V.I.P.

Family Name												First Name												Date of birth Day Month Year			Sex F M		Food Type *						
JACOBS												BILL												270579			X		01 - REGULAR 02 - VEGETARIAN						
Passport No.												Participation At Previous Maccabiot *												Address (No. - Street - Apt)											
022389614												01 02 03 04 05 06 07 08 09 10 11 12												31800 NORTHWESTERN HWY STE 206											
Profession / Occupation												City												State			Zip								
												FARMINGTON HILLS												MI			48018								
Hotel												Country												Phone No.											
												USA																							

Arrival _____ Date _____ Time of Arrival _____

Airline & Flight No.

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Departure _____ Date _____ Time of Departure _____

Airline & Flight No.

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

Name

Sport

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To be Completed by Head of Family

ACCOMPANIED BY:

SHRLEE 25.04.26 022389613

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Signature

Date

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

Entry Form by Name

** NOC

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V.I.P.

Family Name												First Name												Date of birth Day Month Year			Sex F M		Food Type *						
KLECKNER												STANLEY												24 08 25					01 - REGULAR 02 - VEGETARIAN						
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.											
Profession / Occupation												City												State			Zip								
												GREENWICH												CT			06830								
Hotel												Country												Phone No.											
												USA																							

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Arrival _____ Date _____ Time of Arrival _____

Airline & Flight No.

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Departure _____ Date _____ Time of Departure _____

Airline & Flight No.

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

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To be Completed by Head of Family

ACCOMPANIED BY:

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Signature

Date

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* 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

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**

020390



V.I.P.

Family Name												First Name												Date of birth Day Month Year			Sex F M		Food Type *						
KODSI												JOSEPH																	01 - REGULAR 02 - VEGETARIAN						
Passport No.												Participation At Previous Maccabiot *												Address (No. - Street - Apt)											
E5438988												01 02 03 04 05 06 07 08 09 10 11 12												850 NORTH ATLANTIC AV. 8201											
Profession / Occupation												City												State			Zip								
												COCOA BEACH												FLA			32931								
Hotel												Country												Phone No.											
												USA																							

**

**

Arrival 210 7791 29.6.89 10:00
Airline & Flight No. Date Time of Arrival

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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
DANIEL KODSI
NANCY KODSI

**	2	0	3	8	7
**	2	0	3	8	8
**	2	0	3	8	9
**					
**					

Signature

Date

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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

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2	0	2	6	7
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V.I.P.

Family Name										First Name										Date of birth Day Month Year			Sex F M		Food Type *														
KOFFLER										STEPHEN										270571			X		01 - REGULAR 02 - VEGETARIAN														
Passport No.										Participation At Previous Maccabiot *										Address (No. - Street - Apt)																			
033177045										01 02 03 04 05 06 07 08 09 10 11 12										2152 RODADO PL																			
Profession / Occupation										City										State										Zip									
										EL CAYON										CA																			
Hotel										Country										Phone No.																			
										USA																													

**

91

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Arrival _____ Date _____ Time of Arrival _____

Airline & Flight No.

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Departure _____ Date _____ Time of Departure _____

Airline & Flight No.

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

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**

To be Completed by Head of Family

ACCOMPANIED BY:

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Signature

Date

This form must reach

Please attach an

no later than May 31, 1989

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

Entry Form by Name

** NOC

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V.I.P.

Family Name												First Name												Date of birth Day Month Year			Sex F M		Food Type *						
KRONOWET												NEAL												101260			X		01 - REGULAR 02 - VEGETARIAN						
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											
Profession / Occupation												City												State			Zip								
US SPONSOR												CHARLOTTE												NC			28226								
Hotel												Country												Phone No.											
**																																			

**

**

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

**

**

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To be Completed by Head of Family

ACCOMPANIED BY:

GALILEANTAL 04.04.85

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**

Signature

Date

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

Entry Form by Name

** NOC

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2	0	1	6	1
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V.I.P.

Family Name												First Name												Date of birth Day Month Year			Sex F M		Food Type *						
LABKON												MARK												181044			X		01 - REGULAR 02 - VEGETARIAN						
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											
Profession / Occupation												City												State			Zip								
US SPONSOR												NORTHBROOK												IL			60062								
Hotel												Country												Phone No.											
**												USA																							

Arrival _____ Date _____ Time of Arrival _____

Airline & Flight No.

**				
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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:

W	MARILYN	30.05.44	02222 3787	20159
M	HOWARD	02.11.67	022977120	20160
	JOHN	16.12.15	041023304	
	FLORANTE	15.10.17	104123102	

Date

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

Entry Form by Name

** NOC

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2	0	1	6	3
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V.I.P.

Family Name												First Name												Date of birth Day Month Year			Sex F M		Food Type *						
LABKON												SAM												16 12 15			X		01 - REGULAR 02 - VEGETARIAN						
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											
Profession / Occupation												City												State			Zip								
												COCONUT CREEK												FL			33066								
Hotel												Country												Phone No.											

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Arrival _____ Date _____ Time of Arrival _____

Airline & Flight No.

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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:

FLORENCE 15.10.17 04123302

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2	0	1	6	2

Signature

Date

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

Entry Form by Name

** NOC

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20299



V.I.P.

Family Name												First Name												Date of birth Day Month Year			Sex F M		Food Type *						
LAIKIND												JEFFREY												151035			X		01 - REGULAR 02 - VEGETARIAN						
Passport No.												Participation At Previous Maccabiot *												Address (No. - Street - Apt)											
D1808995												01 02 03 04 05 06 07 08 09 10 11 12												165 E 66th ST											
Profession / Occupation												City												State						Zip					
ime / us SPONSOR												NEW YORK												NY						10021					
Hotel												Country												Phone No.											
												USA																							

Arrival 26/6 643002 20 IMC

**

Airline & Flight No.

Date

Time of Arrival

To be Completed by Head of Family

Departure

**

Airline & Flight No.

Date

Time of Departure

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

**

**

**

ACCOMPANIED BY:

W DONNA 29.10.44 D1522181

* 20298

~~20267~~

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**

**

Signature

Date

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58



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

Entry Form by Name

** NOC

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2	0	1	6	6
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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												23662 TAMPICO BAY											
Profession / Occupation												City												State						Zip					
US SPONSOR												LAGUNA NIGUEL												CA						92677					
Hotel												Country												Phone No.											
												USA																							

Arrival _____ Date _____ Time of Arrival _____

Airline & Flight No.

**				
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To be Completed by Head of Family

ACCOMPANIED BY:

W JAN 26.02.57 033136450

**	2	0	1	6	5
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Departure _____ Date _____ Time of Departure _____

Airline & Flight No.

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

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

Entry Form by Name

** NOC

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2	0	0	2	1
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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																							
Profession / Occupation												City												State			Zip								
Hotel												Country												Phone No.											
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Arrival _____ Date _____ Time of Arrival _____

Airline & Flight No.

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Departure _____ Date _____ Time of Departure _____

Airline & Flight No.

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

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**			

To be Completed by Head of Family

ACCOMPANIED BY:

NEAL KRODOWITZ

**			
**			
**			
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**			

Signature

Date

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

Entry Form by Name

** NOC

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2	0	1	6	8
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V.I.P.

Family Name												First Name												Date of birth Day Month Year			Sex F M		Food Type *						
LEVINE												IRVING												250921			X		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											
Profession / Occupation												City												State				Zip							
US SPONSOR												REHOBOTH												MA				02769							
Hotel												Country												Phone No.											
												USA																							

Arrival _____ Date _____ Time of Arrival _____

Airline & Flight No.

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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:

Bernice

BERNICE 02.10.85 F160705

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Signature

Date

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

Entry Form by Name

** NOC
[] [] []

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20170



V.I.P.

Family Name												First Name												Date of birth Day Month Year			Sex F M		Food Type *						
LEVITZ												BARRY												250231			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												City												State			Zip								
US SPONSOR												LOS ANGELES												CA			90049								
Hotel												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

** [] [] [] []
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To be Completed by Head of Family

ACCOMPANIED BY:

W EVELYN 04.04.32 032507034 20169

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

Signature

Date

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Please attach an identity photo to this entry form.

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** 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

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V.I.P.

Family Name										First Name										Date of birth Day Month Year			Sex F M		Food Type *				
LEVY										ROBERT										300331			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										842 MUIRFIELD RD									

Profession / Occupation										**		City										State		Zip	
US SPONSOR												BRYN MAWR										PA		19010	
Hotel										**		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:

**			
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Signature

Date

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

Entry Form by Name

** NOC

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2	0	1	7	3
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V.I.P.

Family Name												First Name												Date of birth Day Month Year			Sex F M		Food Type *						
LISSY												BARBARA												26 02 47			X		01 - REGULAR 02 - VEGETARIAN						
Passport No.												Participation At Previous Maccabiot *												Address (No. - Street - Apt)											
011 356 086												01 02 03 04 05 06 07 08 09 10 11 12												816 CARPENTER LANE											
Profession / Occupation												City												State			Zip								
US SPONSOR / USCBI Exec. Director USCBI												PHILADELPHIA												PA			19119								
Hotel												Country												Phone No.											
**																																			

Arrival _____ Date _____ Time of Arrival _____

Airline & Flight No.

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Departure _____ Date _____ Time of Departure _____

Airline & Flight No.

Time of Departure

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

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**				

To be Completed by Head of Family

ACCOMPANIED BY:

W JESSICA 14.07.73 3047757
W ELLEN ROSENBERG 12.03.83

**				
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Signature

Date

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

Entry Form by Name

** NOC

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2	0	1	7	5
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V.I.P.

Family Name MARGO EUSSEVALIS										First Name EDWARD L										Date of birth Day Month Year 02 10 37			Sex F M X		Food Type * 01 - REGULAR 02 - VEGETARIAN				
Passport No. 061228974										Participation At Previous Maccabiot * 01 02 03 04 05 06 07 08 09 10 11 12										Address (No. - Street - Apt) 1005 DARTMOUTH LANE									
Profession / Occupation US SPONSOR										City WOODMERE										State NY			Zip 11598						
Hotel **										Country USA										Phone No.									

Arrival _____ Date _____ Time of Arrival _____

Airline & Flight No.

**				
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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:

W HEATHER 15.10.42 061230492 20174

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Date

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

Entry Form by Name

** NOC

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2	0	1	8	2
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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										City										State			Zip						
WOMEN'S CLOTHING STORE										LOS ANGELES										CA			90069						
Hotel										Country										Phone No.									
										USA																			

Arrival Airline & Flight No. Date Time of Arrival

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Departure Airline & Flight No. Date Time of Departure

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

**				
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To be Completed by Head of Family

ACCOMPANIED BY:

DOUGLAS FRANKS

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Signature

Date

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** 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

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V.I.P.

Family Name												First Name												Date of birth Day Month Year			Sex F M		Food Type *						
MICHAELS												BERNARD												140133			X		01 - REGULAR 02 - VEGETARIAN						
Passport No.												Participation At Previous Maccabiot *												Address (No. - Street - Apt)											
N1819388												01 02 03 04 05 06 07 08 09 10 11 12												101 W 79TH ST											
Profession / Occupation												City												State			Zip								
US SPONSOR												NEW YORK												NY			10024								
Hotel												Country												Phone No.											
												USA																							

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Arrival _____ Date _____ Time of Arrival _____

Airline & Flight No.

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Departure _____ Date _____ Time of Departure _____

Airline & Flight No.

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

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To be Completed by Head of Family

ACCOMPANIED BY:

LYNN 12.09.44 N1819388

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Signature

Date

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

Entry Form by Name

** NOC

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**

20190



V.I.P.

Family Name												First Name												Date of birth Day Month Year			Sex F M		Food Type *						
MILLER												MELVYN												250339			Y		01 - REGULAR 02 - VEGETARIAN						
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												City												State						Zip					
US SPONSOR												VILLANOVA												PA						19085					
Hotel												Country												Phone No.											
**												USA																							

Arrival _____ Date _____ Time of Arrival _____

Airline & Flight No.

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Departure _____ Date _____ Time of Departure _____

Airline & Flight No.

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

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To be Completed by Head of Family

ACCOMPANIED BY:

ILENE 05.12.41 060021922

** 20189

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Signature

Date

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

Entry Form by Name

** NOC

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20191



Family Name										First Name										Date of birth Day Month Year			Sex F M		Food Type *				
MISHER										SUZANNE										291143			X		01 - REGULAR 02 - VEGETARIAN				
Passport No.										Participation At Previous Maccabiot *										Address (No. - Street - Apt)									
090696462										01 02 03 04 05 06 07 08 09 10 11 12										61 E LEVERING MILL RD									
Profession / Occupation										City										State			Zip						
UL SPONSOR										BALA CYNWYD										PA			19004						
Hotel										Country										Phone No.									
										USA																			

Arrival _____ Date _____ Time of Arrival _____

Airline & Flight No.

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Departure _____ Date _____ Time of Departure _____

Airline & Flight No.

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

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**				

To be Completed by Head of Family

ACCOMPANIED BY:

**				
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**				

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

2019

**

20194



V.I.P.

Family Name										First Name										Date of birth Day Month Year			Sex F M		Food Type *				
MONKARSH										JERRY										100636			X		01 - REGULAR 02 - VEGETARIAN				
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									
Profession / Occupation										City										State					Zip				
US SPONSORS										BEVERLEY HILLS										CA					90210				
Hotel										Country										Phone No.									
										USA																			

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:

JOY 26.03.40 033155289

JULIE 19.11.66 030821107

JOHN 030604 031742951

HELEN FREEMAN 03162267

(See attached form)

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20192

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20193

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Signature

Date

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** 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

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20196



V.I.P.

Family Name												First Name												Date of birth Day Month Year			Sex F M		Food Type *						
MONKARSH												JON												140364			X		01 - REGULAR 02 - VEGETARIAN						
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											
Profession / Occupation												City												State			Zip								
MONKARSH												LOS ANGELES												CA			90049								
Hotel												Country												Phone No.											
												USA																							

Arrival _____ Date _____ Time of Arrival _____

Airline & Flight No.

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Departure _____ Date _____ Time of Departure _____

Airline & Flight No.

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

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**			

To be Completed by Head of Family

ACCOMPANIED BY:

HEIDI FREEMAN 20.11.64
033162269

**			
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**			
**			

Signature

Date

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** 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

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V.I.P.

Family Name												First Name												Date of birth Day Month Year			Sex F M		Food Type *						
HUST												JOEL												281044			X		01 - REGULAR 02 - VEGETARIAN						
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 PLAMA											
Profession / Occupation												City												State			Zip								
												ORCHARD LAKE												HI			48033								
Hotel												Country												Phone No.											
												USA																							

Arrival _____ Date _____ Time of Arrival _____

To be Completed by Head of Family

Airline & Flight No. _____

Date

Time of Arrival

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

**

**

**

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

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

Please attach an identity photo to this entry form.

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

Entry Form by Name

** NOC

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2	0	1	9	7
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V.I.P.

Family Name												First Name												Date of birth Day Month Year			Sex F M		Food Type *						
NADASI												JOHN												150533			X		01 - REGULAR 02 - VEGETARIAN						
Passport No.												Participation At Previous Maccabiot *												Address (No. - Street - Apt)											
090534972												01 02 03 04 05 06 07 08 09 10 11 12												12 TIBBITS LANE											
Profession / Occupation												City												State			Zip								
US SPONSOR												SANDE POINT												NY			11050								
Hotel												Country												Phone No.											
												USA																							

Arrival _____ Date _____ Time of Arrival _____

Airline & Flight No.

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Departure _____ Date _____ Time of Departure _____

Airline & Flight No.

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

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**			

To be Completed by Head of Family

ACCOMPANIED BY:

**			
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Signature

Date

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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
[] [] []

** 20268



V.I.P.

Family Name												First Name												Date of birth Day Month Year			Sex F M		Food Type *						
NAIHAN												MARSHALL												170571			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												City												State						Zip					
STUDENT												LA MESA												LA						92041					
Hotel												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

Signature



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** [] [] [] []

To be Completed by Head of Family

ACCOMPANIED BY:

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Date

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

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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 *										Address (No. - Street - Apt)									
SH143097										01 02 03 04 05 06 07 08 09 10 11 12										34 ROCK CLIFF RD,									
Profession / Occupation										City										State					Zip				
US SPONSOR										ST CATHERINES										ONTARIO					L2R3T3				
Hotel										Country										Phone No.									
										CANADA																			

Arrival _____ Date _____ Time of Arrival _____

Airline & Flight No.

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Departure _____ Date _____ Time of Departure _____

Airline & Flight No.

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

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To be Completed by Head of Family

ACCOMPANIED BY:

ABBEY 03.09.86 EJ355921

20198

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Signature

Date

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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

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20	28	6
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V.I.P.

Family Name										First Name										Date of birth Day Month Year			Sex F M		Food Type *																								
PINCUS										NANCY										290957			X		01 - REGULAR 02 - VEGETARIAN																								
Passport No.										Participation At Previous Maccabiot *										Address (No. - Street - Apt)																													
F1218552										01 02 03 04 05 06 07 08 09 10 11 12										214 KITCHING POST DRIVE																													
Profession / Occupation										HOUSE WIFE										City										State										Zip									
																				WILMINGTON										DE										19803									
Hotel																				Country										Phone No.																			
																				USA																													

Arrival _____ Date _____ Time of Arrival _____

Airline & Flight No.

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Departure _____ Date _____ Time of Departure _____

Airline & Flight No.

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

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To be Completed by Head of Family

ACCOMPANIED BY:

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Date _____

* Please Circle The Applicable
** For Office Use Only

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





* * NOC

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2	0	2	8	7
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A color portrait photograph of a man with curly brown hair, wearing a dark suit jacket, a white shirt, and a patterned tie. He is looking directly at the camera with a neutral expression. The background is a plain, light-colored wall.

Date _____

* Please Circle The Applicable
** For Office Use Only

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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

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V.I.P.

Family Name										First Name										Date of birth Day Month Year			Sex F M		Food Type *				
PINCUS										DAVID										081026			X		01 - REGULAR 02 - VEGETARIAN				
Passport No.										Participation At Previous Maccabiot *										Address (No. - Street - Apt)									
E274502										01 02 03 04 05 06 07 08 09 10 11 12										1319 REMINGTON RD									
Profession / Occupation										City										State			Zip						
US SPONSOR										WYNNWOOD										PA			19096						
Hotel										Country										Phone No.									
										USA																			

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Arrival _____ Date _____ Time of Arrival _____

Airline & Flight No.

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Departure _____ Date _____ Time of Departure _____

Airline & Flight No.

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

Name

Sport

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**

**

To be Completed by Head of Family

ACCOMPANIED BY:

GERRI 03.01.37 F388196

~~IRENE RITTER 190718 090891761~~

IRENE RITTER 190718 090891761

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2	0	2	0	1
2	0	2	0	3

Signature

Date

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Please attach an identity photo to this entry form.

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

Entry Form by Name

** NOC

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V.I.P.

Family Name												First Name												Date of birth Day Month Year			Sex F M		Food Type * 01 REGULAR 02 - VEGETARIAN						
PINCUS												DONNA												220265			X								
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											
Profession / Occupation												City												State			Zip								
US SPONSOR												WILLIAMSBURG												VA			23185								
Hotel												Country												Phone No.											
**												USA																							

Arrival _____ Date _____ Time of Arrival _____

Airline & Flight No.

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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:

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**				

Signature

Date

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* 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

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V.I.P.

Family Name										First Name										Date of birth Day Month Year			Sex F M		Food Type *				
RABINOWITZ										SAMUEL										160932			X		01 - REGULAR 02 - VEGETARIAN				
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									
Profession / Occupation										City										State			Zip						
US SPONSOR										GLADWYNE										PA			19035						
Hotel										Country										Phone No.									
**										USA																			

Arrival Airline & Flight No. Date Time of Arrival

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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:

BORRUE 01.09.35 090333739

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Signature

Date

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

Entry Form by Name

** NOC

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20184



V.I.P.

Family Name												First Name												Date of birth Day Month Year			Sex F M		Food Type *						
REFF												ALBERT												220144			1 X		01 - REGULAR 02 - VEGETARIAN						
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											
Profession / Occupation												City												State			Zip								
US SPONSOR												MARINA DEL REY												CA			90292								
Hotel												Country												Phone No.											
**												USA																							

Arrival Airline & Flight No. Date Time of Arrival

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Departure Airline & Flight No. Date Time of Departure

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

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**				

To be Completed by Head of Family

ACCOMPANIED BY:

ROBIN MEILI 25.05.87
032416713

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Signature

Date

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* Please Circle The Applicable
** For Office Use Only

20577

1989 USA SPONSORS MISSION

INDIVIDUAL REGISTRATION FORM

MEMBER OF Reifman GROUP

Reifman Lynn

RELATIONSHIP TO VIP SPONSOR: daughter

BIRTHDATE: 66/01/26

PASSPORT: 031261114

OCCUPATION:

ADDRESS: 607 S. Hill St., Ste. 512

Los Angeles, CA 90014





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

Entry Form by Name

** NOC

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I.O.P.

Family Name												First Name												Date of birth			Sex		Food Type *						
REIFMAN												LEONARD												Day Month Year			F M		01 - REGULAR 02 - VEGETARIAN						
141134												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												City												State				Zip							
UC SPONSOR												LOS ANGELES												CA				90014							
Hotel												Country												Phone No.											
**												USA																							

Arrival Airline & Flight No. Date Time of Arrival

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Departure Airline & Flight No. Date Time of Departure

Airline & Flight No.

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

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To be Completed by Head of Family

ACCOMPANIED BY:

ESTHERLY 06.08.39 030885818 20185
LYNN 20577

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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.

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** 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

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V.I.P.

Family Name												First Name												Date of birth Day Month Year			Sex F M		Food Type *						
ROBERTS												NAT												170524			X		01 - REGULAR 02 - VEGETARIAN						
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												City												State			Zip								
Hatter - in - house of US Sponsoring HARRY Summer												CHARLOTTE												NC			28226								
Hotel												Country												Phone No.											
**												USA																							

Arrival _____ Date _____ Time of Arrival _____

Airline & Flight No.

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Departure _____ Date _____ Time of Departure _____

Airline & Flight No.

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

Name

Sport

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To be Completed by Head of Family

ACCOMPANIED BY:

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Signature

Date

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

Entry Form by Name

** NOC

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V.I.P.

Family Name										First Name										Date of birth Day Month Year			Sex F M		Food Type *									
ROBINSON										MARC										20 01 69			X		01 - REGULAR 02 - VEGETARIAN									
Passport No.										Participation At Previous Maccabiot *										Address (No. - Street - Apt)														
052355046										01 02 03 04 05 06 07 08 09 10 11 12										4752 PARK ENCINO LA 312														
Profession / Occupation										STUDENT										City					State					Zip				
																				ENCINO					CA					91436				
Hotel																				Country					Phone No.									
																				USA														

Arrival _____ Date _____ Time of Arrival _____

Airline & Flight No.

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Departure _____ Date _____ Time of Departure _____

Airline & Flight No.

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

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To be Completed by Head of Family

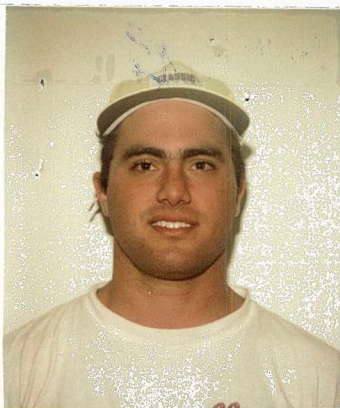
ACCOMPANIED BY:

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Date _____

* Please Circle The Applicable
** For Office Use Only

This 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

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V.I.P.

Family Name										First Name										Date of birth Day Month Year			Sex F M		Food Type *				
ROSENMUTTER										NATHAN										28 03 15			X		01 - REGULAR 02 - VEGETARIAN				
Passport No.										Participation At Previous Maccabiot *										Address (No. - Street - Apt)									
021271530										01 02 03 04 05 06 07 08 09 10 11 12										180 E PEARSON APT 3301									

Profession / Occupation US SPONSOR

**

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Hotel

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City State Zip
CHICAGO IL 60611

Country Phone No.
USA

Arrival Airline & Flight No. Date Time of Arrival

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Departure Airline & Flight No. Date Time of Departure

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

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To be Completed by Head of Family

ACCOMPANIED BY:

SELMA 11.10.20 011628854

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(See attached Guide)

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

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**

20011



V.I.P.

Family Name										First Name										Date of birth Day Month Year			Sex F M		Food Type *				
SALTER										MICHAEL										200349			X		01 - REGULAR 02 - VEGETARIAN				
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									
Profession / Occupation										City										State					Zip				
US SPONSOR										SANTA MONICA										CA					90402				
Hotel										Country										Phone No.									
**										USA																			

**

91

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Arrival _____ Date _____ Time of Arrival _____

Airline & Flight No.

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Departure _____ Date _____ Time of Departure _____

Airline & Flight No.

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

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To be Completed by Head of Family

ACCOMPANIED BY:

W TOBY 14.03.49 033128817
W CANDICE 24.08.74 033128813
W DANA 08.01.77 033128815
W MATHEW 04.10.78 033128816
W SCOTT 13.12.79 033128814

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2	0	0	0	6
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2	0	0	0	7
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2	0	0	0	8
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2	0	0	0	9
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2	0	0	1	0
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Signature

Date

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

Entry Form by Name

** NOC

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2	0	0	6	7
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V.I.P.

Family Name										First Name										Date of birth Day Month Year			Sex F M		Food Type *				
SCHOENFELD										FRED										09 04 36			X		01 - REGULAR 02 - VEGETARIAN				
Passport No.										Participation At Previous Maccabiot *										Address (No. - Street - Apt)									
D20228250										01 02 03 04 05 06 07 08 09 10 11 12										303 MERCER ST									
Profession / Occupation										City										State					Zip				
US SPONSOR										NEW YORK										NY					10003				
Hotel										Country										Phone No.									
HI																													

Arrival _____ Date _____ Time of Arrival _____

Airline & Flight No.

**				
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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:

MARLENE 10.07.39 G095726 W 20062
BRUCE 08.02.66 F2037956 M 20063
DEBORAH HARTSTEIN 061-88809 30.01.63 W 20064
RACHEL HARTSTEIN 06043626 25.02.68 W 20065
NAOMI HARTSTEIN 060425716 04.08.72 W 20066

Signature

Date

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

Entry Form by Name

** NOC

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20013



V.I.P.

Family Name										First Name										Date of birth			Sex		Food Type *																								
SEGAL										STEVEN F.										Day Month Year			F M		01 - REGULAR																								
14 06 36										X										02 - VEGETARIAN																													
Passport No.										Participation At Previous Maccabiot *										Address (No. - Street - Apt)																													
6873368										01 02 03 04 05 06 07 08 09 10 11 12										14 WEST 33rd ST																													
Profession / Occupation										US SPONSOR										City										State										Zip									
NEW YORK										NY										10001																													
Hotel										Country										Phone No.																													
USA																																																	

Arrival Airline & Flight No. Date Time of Arrival

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Departure Airline & Flight No. Date Time of Departure

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

**

To be Completed by Head of Family

ACCOMPANIED BY:

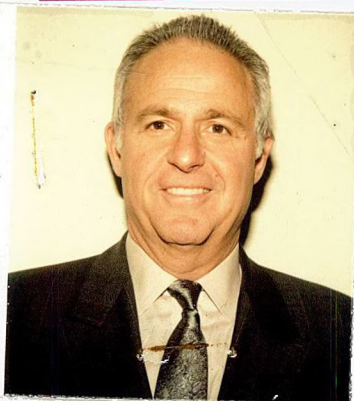
LINDA 22.09.45 060297821

**

Date

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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

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I.P.

Family Name												First Name												Date of birth			Sex		Food Type *						
SEGALL												GREGORY L												16 04 63			F M		01 - REGULAR 02 - VEGETARIAN						
Passport No.												Participation At Previous Maccabiot *												Address (No. - Street - Apt)											
030676043												01 02 03 04 05 06 07 08 09 10 11 12												9608 W. OLYMPIC BLVD #B											
Profession / Occupation												City												State			Zip								
US SPONSOR												BEVERLY HILLS												CA			90212								
Hotel												Country												Phone No.											
												USA																							

**

**

**

Date

Time of Arrival

To be Completed by Head of Family

ACCOMPANIED BY:

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**

**

Arrival

Airline & Flight No.

**

Departure

Airline & Flight No.

Date

Time of Departure

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

Name

Sport

**

**

**

Date

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

Entry Form by Name

** NOC

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2	0	0	0	5
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V.I.P.

Family Name												First Name												Date of birth Day Month Year			Sex F M		Food Type * 01 - REGULAR 02 - VEGETARIAN						
SEGALL												DON																							
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.											
Profession / Occupation												City												State			Zip								
US SPONSORS												BEVERLEY HILLS												CA			90211								
Hotel												Country												Phone No.											
												USA																							

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9	1
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CSN
716

Arrival _____ Date _____ Time of Arrival _____

Airline & Flight No.

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Departure _____ Date _____ Time of Departure _____

Airline & Flight No.

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

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To be Completed by Head of Family

ACCOMPANIED BY:

MARINA 09.10.35 C0616820

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2	0	0	0	4
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Signature

Date

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

Entry Form by Name

** NOC

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20032



V.I.P.

Family Name												First Name												Date of birth Day Month Year			Sex F M		Food Type *																		
SHELDON												MAX												120317			X		01 - REGULAR 02 - VEGETARIAN																		
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																							
Profession / Occupation												City												State												Zip											
US SPONSOR												FARMINGTON HILLS												MI												48333-2065											
Hotel												Country												Phone No.																							
												USA																																			

**

**

**

Date

Time of Arrival

To be Completed by Head of Family

ACCOMPANIED BY:

**

20273

**

20274

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20275

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20276

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20277

Date

Time of Departure

**

**

**

For part of a Delegation please give details:
Sport



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

Date

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

Entry Form by Name

** NOC

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2	0	0	1	9
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V.I.P.

Family Name										First Name										Date of birth			Sex		Food Type *				
SHERMAN										ALAN										Day Month Year			F M		01 REGULAR 02 - VEGETARIAN				
15 11 35																						X							
Passport No.										Participation At Previous Maccabiot *										Address (No. - Street - Apt)									
011661030										01 02 03 04 05 06 07 08 09 10 11 12										7400 BARRA DRIVE									
										X X X																			

Profession / Occupation		IMC		Self Employed		20		IMC	
Hotel		Hilton		41		116		8:30 AM	
Arrival		LY 004		6/26		8:30 AM			
Airline & Flight No.		Date		Time of Arrival					

City				State				Zip							
BETHESDA				MD				20817							
Country								Phone No.							
USA								2022231550							

Departure		SR 333		7/8		7:00 AM	
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:

CLARE		11.04.40		013523998		20018	

Alan Sherman
Signature

5-11-89
Date

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

Entry Form by Name

** NOC

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20016



V.I.P.

Family Name												First Name												Date of birth			Sex		Food Type *						
SHRINSKY												JASON												Day Month Year			F M		01 - REGULAR 02 - VEGETARIAN						
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											
Profession / Occupation												City												State			Zip								
US SPONSOR												WASHINGTON DC												20005											
Hotel												Country												Phone No.											
**												USA																							

Arrival Airline & Flight No. Date Time of Arrival

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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

~~012045032~~
Renee Barden 11/2/47

** 20015

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Signature

Date

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** 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

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V.I.P.

Family Name												First Name												Date of birth Day Month Year			Sex F M		Food Type *						
SINGER												ILANA												080388					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											
Profession / Occupation												City												State						Zip					
												NEW YORK NY												10024											
Hotel												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

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**				

To be Completed by Head of Family

ACCOMPANIED BY:

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** For Office Use Only

20209
20210
Joseph



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

Entry Form by Name

** NOC

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20208



V.I.P.

Family Name												First Name												Date of birth			Sex		Food Type *						
SINGER												JOSEPH												Day Month Year			F M		01 - REGULAR 02 - VEGETARIAN						
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											
Profession / Occupation												City												State			Zip								
UL SPONSOR												N MIAMI BEACH												FL			33179								
Hotel												Country												Phone No.											
**												USA																							

Arrival _____ Date _____ Time of Arrival _____

Airline & Flight No.

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Departure _____ Date _____ Time of Departure _____

Airline & Flight No.

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

Name

Sport

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**				

To be Completed by Head of Family

ACCOMPANIED BY:

ANN 04.06.40 041773445
ROBERT
JOSEPH 19.09.68 042247935
LINDA 25.09.60 04042250
DANIEL 22.10.60 04144384
LUCAS
JULIANA

**				
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Signature

Date

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

Entry Form by Name

** NOC

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V.I.P.

Family Name										First Name										Date of birth Day Month Year			Sex F M		Food Type *								
SINGER										DANIEL										221060			X		01 - REGULAR 02 - VEGETARIAN								
Passport No.										Participation At Previous Maccabiot *												Address (No. - Street - Apt)											
041144384										01 02 03 04 05 06 07 08 09 10 11 12												424 WEST END AVE #3D											
Profession / Occupation										City												State				Zip							
										NEW YORK												NY				10024							
Hotel										Country												Phone No.											
										USA																							

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Arrival _____ Date _____ Time of Arrival _____

Airline & Flight No.

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Departure _____ Date _____ Time of Departure _____

Airline & Flight No.

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

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To be Completed by Head of Family

ACCOMPANIED BY:

LINDA 25.07.60 040062250

Joseph Singer

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Signature

Date

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Please attach an identity photo to this entry form.

* Please Circle The Applicable
** For Office Use Only

Entry Form by Name

** NOC

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20	29	84
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V.I.P.

Family Name												First Name												Date of birth Day Month Year			Sex F M		Food Type *						
SINGER												LESLIE												24 03 63			X		01 - REGULAR 02 - VEGETARIAN						
Passport No.												Participation At Previous Maccabiot *												Address (No. - Street - Apt)											
04 1803291												01 02 03 04 05 06 07 08 09 10 11 12												300 E. 62ND ST. 302											
Profession / Occupation												City												State			Zip								
ATTORNEY												NEW YORK												NY			10021								
Hotel												Country												Phone No.											
												USA																							

Arrival _____ Date _____ Time of Arrival _____

Airline & Flight No.

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Departure _____ Date _____ Time of Departure _____

Airline & Flight No.

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

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To be Completed by Head of Family

ACCOMPANIED BY:

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Date _____

* Please Circle The Applicable
** For Office Use Only

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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

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**

20214



V.I.P.

Family Name												First Name												Date of birth Day Month Year			Sex F M		Food Type *						
SLADE												EDWARD												051044			X		01 - REGULAR 02 - VEGETARIAN						
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											
Profession / Occupation												City												State			Zip								
US SPONSOR												SANDS POINT												NY			11050								
Hotel												Country												Phone No.											
												USA																							

Arrival Airline & Flight No. Date Time of Arrival

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Departure Airline & Flight No. Date Time of Departure

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

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To be Completed by Head of Family

ACCOMPANIED BY:

DOT 24.06.45 060565882

ANDREA 14.01.70 060908286

RHEA 10.08.08 062075042

** 20211

** 20212

** 20213

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Signature

Date

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

Entry Form by Name

** NOC

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V.I.P.

Family Name										First Name										Date of birth Day Month Year			Sex F M		Food Type *				
SOMERMAN										BEVERLEY										30 03 42			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 33C									
Profession / Occupation										City										State					Zip				
										CHICAGO										IL					60657				
Hotel										Country										Phone No.									
										USA																			

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Arrival _____ Date _____ Time of Arrival _____

Airline & Flight No.

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Departure _____ Date _____ Time of Departure _____

Airline & Flight No.

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

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To be Completed by Head of Family

ACCOMPANIED BY:

NATHAN ROSENBLUT

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Signature

Date

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

Entry Form by Name

** NOC

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**

20218



V.I.P.

Family Name												First Name												Date of birth Day Month Year			Sex F M		Food Type *						
SPINOWITZ												LAWRENCE												120939			X		01 - REGULAR 02 - VEGETARIAN						
Passport No.												Participation At Previous Maccabiot *												Address (No. - Street - Apt)											
F762714												01 02 03 04 05 06 07 08 09 10 11 12												14 CATALPA COURT											
Profession / Occupation												City												State			Zip								
US SPONSOR												BARDONIA												NY			10954								
Hotel												Country												Phone No.											
												USA																							

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Arrival _____ Date _____ Time of Arrival _____

Airline & Flight No.

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Departure _____ Date _____ Time of Departure _____

Airline & Flight No.

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

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To be Completed by Head of Family

ACCOMPANIED BY:

FRAN 22.06.41 F762715

MARC 30.06.68 062339196

ALISON 06.07.71 062289525

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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

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20219



V.I.P.

Family Name												First Name												Date of birth Day Month Year			Sex F M		Food Type *						
STERN												LAWRENCE												29 06 54			X		01 - REGULAR 02 - VEGETARIAN						
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											
Profession / Occupation												City												State			Zip								
US SPONSOR												CHAPPAQUA												NY			10514								
Hotel												Country												Phone No.											
**												USA																							

Arrival _____ Date _____ Time of Arrival _____

Airline & Flight No.

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Departure _____ Date _____ Time of Departure _____

Airline & Flight No.

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

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To be Completed by Head of Family

ACCOMPANIED BY:

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Signature

Date

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40 CHAPPAQUA
CHIEF OF POLICE
OFFICE



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

Entry Form by Name

** NOC

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20223



V.I.P.

Family Name												First Name												Date of birth Day Month Year			Sex F M		Food Type *						
SWIMMER												HARRY												08 11 29			X		01 - REGULAR 02 - VEGETARIAN						
Passport No.												Participation At Previous Maccabiot *												Address (No. - Street - Apt)											
011287016												01 02 03 04 05 06 07 08 09 10 11 12												725 PROVIDENCE RD											
Profession / Occupation												City												State			Zip								
US SPONSOR												CHARLOTTE												NC			28207								
Hotel												Country												Phone No.											
												USA																							

Arrival Airline & Flight No. Date Time of Arrival

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Departure Airline & Flight No. Date Time of Departure

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

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To be Completed by Head of Family

ACCOMPANIED BY:

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Signature

Date

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13th maccabiah
המכביה ה-13
ישראל והעברת לי ספורט - ירחון 1988-89

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

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V.I.P.

Family Name												First Name												Date of birth			Sex		Food Type *						
T O S E												A N D R E A												Day Month Year			F M		01 - REGULAR 02 - VEGETARIAN						
09 09 24												X																							
Passport No.												Participation At Previous Maccabiot *												Address (No. - Street - Apt)											
032174148												01 02 03 04 05 06 07 08 09 10 11 12												109 MALIBU COLONY RD											
MOTHER TO US SPONSOR DOUGLAS ERENBERG												City												State			Zip								
Profession / Occupation												MALIBU												CA			90265								
Hotel												Country												Phone No.											
**												USA																							

Arrival Airline & Flight No. Date Time of Arrival

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Departure Airline & Flight No. Date Time of Departure

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

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To be Completed by Head of Family

ACCOMPANIED BY:

DOUGLAS ERENBERG

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Signature

Date

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

Entry Form by Name

** NOC

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V.I.P.

Family Name										First Name										Date of birth			Sex		Food Type *				
WEISSMAN										DAVID L.										Day Month Year			F M		01 - REGULAR 02 - VEGETARIAN				
24 07 38										X																			
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										City										State					Zip				
US SPONSOR										LEXINGTON										MA					02173				
Hotel										Country										Phone No.									

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Arrival _____ Date _____ Time of Arrival _____

Airline & Flight No.

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Departure _____ Date _____ Time of Departure _____

Airline & Flight No.

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

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To be Completed by Head of Family

ACCOMPANIED BY:

MARCE C. 18.11.47 E105393

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Signature

Date

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

Entry Form by Name

** NOC

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20227



V.I.P.

Family Name										First Name										Date of birth Day Month Year			Sex F M		Food Type *				
WERCHADLO										HOWARD										180624			X		01 - REGULAR 02 - VEGETARIAN				
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										City										State			Zip						
US SPONSOR										CRANSTON										RI			02920						
Hotel										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

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

Entry Form by Name

** NOC

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V.I.P.

Family Name												First Name												Date of birth Day Month Year			Sex F M		Food Type *						
WERTHEIM												STEVEN												01 04 56			X		01 - REGULAR 02 - VEGETARIAN						
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												City												State			Zip								
PHYSICIAN												ATLANTA												GA			30328								
Hotel												Country												Phone No.											
**												USA																							

Arrival _____ Date _____ Time of Arrival _____

Airline & Flight No.

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Departure _____ Date _____ Time of Departure _____

Airline & Flight No.

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

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To be Completed by Head of Family

ACCOMPANIED BY:

~~ALEXANDRA~~

MELINDA 30.7.57 090439206

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Date

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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

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20285



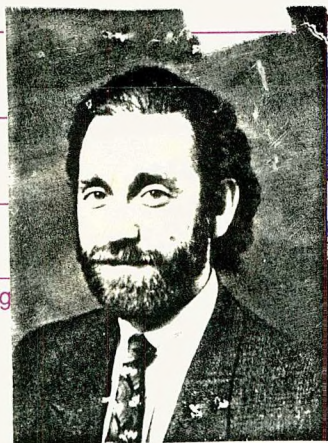
V.I.P.

Family Name												First Name												Date of birth Day Month Year			Sex F M		Food Type *						
WOLIN												PRESTON												130651			X		01 - REGULAR 02 - VEGETARIAN						
Passport No.												Participation At Previous Maccabiot *												Address (No. - Street - Apt)											
02197022												01 02 03 04 05 06 07 08 09 10 11 12												2800 N. LAKE SHORE DR. 1608											

Profession / Occupation												**		City												State		Zip	
PHYSICIAN														CHICAGO												IL		60657	
Hotel												**		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			



Sig

To be Completed by Head of Family

ACCOMPANIED BY:

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Date

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

Entry Form by Name

** NOC

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V.I.P.

Family Name										First Name										Date of birth			Sex		Food Type *				
WORTMAN										WALTER										Day Month Year			F M		01 - REGULAR				
																				05 12 38			X		02 - VEGETARIAN				
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									
Profession / Occupation										City										State					Zip				
US SPONSOR										E. NORTHPORT										NY					11731				
Hotel										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	**	
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To be Completed by Head of Family

ACCOMPANIED BY:

TONIA 08.11.42 B277895

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Signature

Date

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

Entry Form by Name

** NOC

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V.I.P.

Family Name										First Name										Date of birth Day Month Year			Sex F M		Food Type *				
ZUKERMAN										JACK										050535			X		01 - REGULAR 02 - VEGETARIAN				
Passport No.										Participation At Previous Maccabiot *										Address (No. - Street - Apt)									
031193376										01 02 03 04 05 06 07 08 09 10 11 12										11150 OLYMPIC BLVD									
Profession / Occupation										City										State					Zip				
US SPONSOR										LOS ANGELES										CA					90064				
Hotel										Country										Phone No.									
**										USA																			

Arrival Airline & Flight No. Date Time of Arrival

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Departure Airline & Flight No. Date Time of Departure

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

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To be Completed by Head of Family

ACCOMPANIED BY:

Rosalia

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Signature

Date

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do CSU
LIGHTING