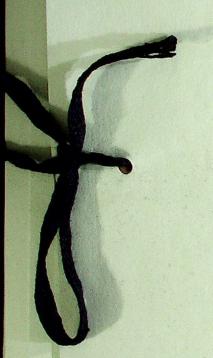




מוזיאון מכבי ע"ש פייר גילדסגיים מוזיאון מכבי ע"ש פייר גילדסגיים PIERRE GILDESGAME MACCABI SPORTS MUSEUM

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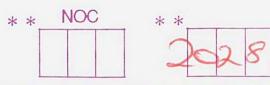
Ramat-Gan 52105

Tel: 03-715733 Fax: 03-772059 Telex: 33319 MACAB IL.



dquarters no later than May 31, 1989

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, Telex. 3331.	WIACAD IL.			
Family Name		First Name	Date of birth Day Month Year F	Food Type * M 01 - REGULAR
BENSON	JACK			X 02 - VEGETARIAN
Passport No.	Participation At Previous Maccabiot *	Addr	ress (No Street - Apt)	
	01 02 03 04 05 06 07 08 09 10 11 12	25 CENTE	PARK WES	ST
Profession / Occupation	**	City NEYYORK	State	Zip
Hotel		Country	F	Phone No.
Arrival Airline & Flight No.	Date Time of Arrival	1	To be Completed by Head of Family	
**			ACCOMPANIED BY:	**
		BOELANCIOUNDU W	ISE BARBARA	20283
DepartureAirline & Flight No.	Date Time of Departure			**
If Family Members are Athletes or part of a Delegation Name	n please give details:			**
	**			**
				**
			_	Date



13th Maccabiah Organizing Committee Kfar Maccabiah Ramat-Gan 52105

Israel

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Entry Form by Name	Entry	Form	by	Name
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Family Name			First Name	Date of birth Day Month Year	Sex Food Type On - REGULAR	
BEREMAN	BE	ERNICE		181122	X 02 - VEGETAR	
Passport No.	Participat Previous Ma		Addre	ess (No Street - Apt)		
	01 02 03 04 05 06 0	07 08 09 10 11 12	1250 CAN	ARSIE RD		
	** 91		City	Stat	e Zip	
Profession / Occupation	**		BROOKCYN	NY	1123	36
Hotel 1			Country		Phone No.	
**			USA			
ArrivalAirline & Flight No.	Date	Time of Arrival	Т	o be Completed by Head of Fan	nily	
**				ACCOMPANIED BY:	**	
DepartureAirline & Flight No.	Date	Time of Departure	-		**	4
If Family Members are Athletes or part of a Delegation Name	please give details: Sport	**	12		**	
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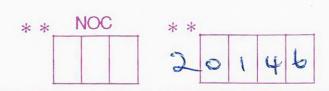
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Family Name			First Name	Date of birth Day Month Year	Sex F M	Food Type *
BLIVAS	D	ARNOLD		181224	X	02 - VEGETARIAN
Passport No.	Participat Previous Mac		Addre	ess (No Street - Apt)		
030838337	01 02 03 04 05 06 0		1047 NAP	OLI DRIV	()	
Profession / Occupation US Stonsor	**		City PACIFIC	PALISA	State	Zip 90272
Hotel HILTON			Country		Phone	No.
**			USA			
ArrivalAirline & Flight No.	Date	Time of Arrival	Т	o be Completed by Head of	Family	
**				ACCOMPANIED BY:		**
			PHYLLIS O.	30838341 30	2.4.98	20145
DepartureAirline & Flight No.	Date	Time of Departure			٩	**
If Family Members are Athletes or part of a Delegation part Name	lease give details: Sport	**	, b			**
		**			*	**
		**	·			**

Date

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Entry Form by Name

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Family Name			First Name	Day Day	ate of birth	Sex F M	Food Type *
BLOOMBERE	2	EROME		2 (0 9 3 7	X	02 - VEGETARIAN
Passport No.	Participa Previous M 01 02 03 04 05 06	accabiot *	16 BR	Address (No	Street - Apt)		
Profession / Occupation US SPONSOR	**		City M E L V 1	CLE	S .	tate	zip () () () () () () () () () (
Hotel			Country USA			Phone	No.
ArrivalAirline & Flight No.	Date	Time of Arrival	SANIZI		npleted by Head of F COMPANIED BY: モルタスラムユ		** 8143
Departure	Date please give details: Sport	Time of Departure ** ** ** **		70.80.2C	•	34_	** ** ** **
Signature							Date

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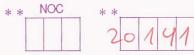
Ramat-Gan 52105

Israel

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Telex: 33319 MACAB IL.







Family Name			First Name	Date of Day Mor		Sex F M	Food Type *
BORENSTEIN	H	ENRY		140	349	χ.	02 - VEGETARIAN
Passport No.	Participa Previous M	ation At accabiot *		Address (No Stree	t - Apt)		
031701100	1 02 03 04 05 06	07 08 09 10 11 12	628 V	THE ZANT	AYN	€ 2	
Profession / Occupation US SPONSOR	** 91		City	CPAUL		ate	Zip 90272
HotelHI			Country			Phone	
**			USA				
ArrivalAirline & Flight No.	Date	Time of Arrival		To be Completed	d by Head of Fa	amily	
**				ACCOMP	ANIED BY:		**
			PLUT	13.09.49	03170	10110	20138
Departure Airline & Flight No. If Family Members are Athletes or part of a Delegation plea	Date ase give details:	Time of Departure	JENNY	34.11.11	0317	01102	20139
	Sport	**	Scott	20.01.78	0317	01103	20140
		**					**
		**					**

Signature

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Family Name		First Name	Date of birth Day Month Year	Sex Food Type **
BORENSTEIN	JERRY L		130531	C2 - VEGETARIAN
	Participation At evious Maccabiot *	Addre	ss (No Street - Apt)	
	4 05 06 07 08 09 10 11 12	5400 BAL	BOA BLVD	131
Profession / Occupation PHYSICIAN **		City ENC110	State CALIRORNI	Zip A 9 1 3 1 6
Hotel		Country		Phone No.
**		USA		
Arrival Airline & Flight No. Date	Time of Arrival	То	be Completed by Head of Fam	nily
			ACCOMPANIED BY:	**
Departure Date	Time of Departure			**
If Family Members are Athletes or part of a Delegation please give of Name Sport	etails:		¢ .	**
	**			**
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Entry Form by Name







Family Name			First Name	Date of birth Day Month Year	Sex F M	Food Type 01 - REGULAR
BORENSTEIN		ORI			X	02 - VEGETARIAI
Passport No.	Participa Previous Ma		Add	dress (No Street - Apt)		
014018943	01 02 03 04 05 06	07 08 09 10 11 12	4450S P	ARK AVE	511	
	**		City		State	Zip
Profession / Occupation	**		CHEVYC	HASE	MO	20815
Hotel			Country		Phon	e No.
**			USA			
Arrival Airline & Flight No.	Date	Time of Arrival		To be Completed by Head	l of Family	
**				ACCOMPANIED B	BY:	**
DepartureAirline & Flight No.	Date	Time of Departure				**
If Family Members are Athletes or part of	a Delegation please give details:	**				**
Name	Sport					
		**				**
		**				**
Airline & Flight No.		**		ACCOUNT ANIELD E		**

Date

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NOC	* *	B
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* *

Family Name		VA	First Name	Date of birth Day Month Year 200668	Sex Food Typ 01 - REGUL 02 - VEGET	ILAR
Passport No.	Participa Previous M	laccabiot *		ress (No Street - Apt)		
Profession / Occupation	**	(Si)	City CHICAGO Country	Sta	Phone No.	10
ArrivalAirline & Flight No.	Date	7 (6 Time of Arrival	W C A	To be Completed by Head of Fa	ımily	
DepartureAirline & Flight No.	Date	Time of Departure	WOLLHAM R	ACCOMPANIED BY:	**	
Airline & Flight No. If Family Members are Athletes or part of a Delegation Name		**			**	
		**	-	7 .	**	

Signature

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Entry Form by Name

NOC	* *
	20113



Family Name		First Name	Date of birth Day Month Year	Sex Food Type *
BRENNER	RAY		230349	➤ 02 - VEGETARIAN
	articipation At ous Maccabiot *	Addre	ess (No Street - Apt)	
060488074 010203040	05 06 07 08 09 10 11 12	TZASOI	SVA LUS	
Profession / Occupation US SPONSOR **		City NEW 40RK		ate Zip
Hotel		Country		Phone No.
**				
Arrival Airline & Flight No. Date	Time of Arrival	т.	o be Completed by Head of Fa	amily
**			ACCOMPANIED BY:	**
		Ruit 27.06.5	2 06234683	20109
Departure	Time of Departure	GREGORY 03	495107 FF.20	20110
Name Sport	**	ADAM 09:0	3.79 F65628	** 0111
	**	JASON 31.01	245600 88.	

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Entry Form by Name

* * _	NOC	* *
		20031
		70071



Family Name			First Name	Date of birth Day Month Year F	COM	ood Type *
CHESS	R	UTH		X 0520 E	C 02	2 - VEGETARIAN
Passport No.	Participa Previous Ma	tion At *	Addres	s (No Street - Apt)		,
649402040	01 02 03 04 05 06 0	07 08 09 10 11 12	1019 1081	- NE HOI	4	
Purfo enion / Opprimetion	**		City	State		Zip
Profession / Occupation	**	(2)	BELLEVUE	AWA	1 9	8004
Hotel		110	Country		Phone No	о.
**		116	USA			
ArrivalAirline & Flight No.	Date	Time of Arrival	То	be Completed by Head of Fam	ily	
			A Day	ACCOMPANIED BY:	**	
Departure	Dete	Time of Departure	ACCAN DAUTE	TV .	**	
Airline & Flight No. If Family Members are Athletes or part of a Delegation part of a Delega	Date		MOC ZINNER			
Name	Sport	**			**	
		**			**	
	(4)		-1			
		**			**	

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13th Maccabiah Organizing Committee

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Entry Form by Name

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Family Name			First Name	Date of birth Day Month Year F	OCA	REGULAR
CLOOBECK	S	HELDON	#	160533		VEGETARIAN
Passport No.	Participa Previous Ma		Addre	ss (No Street - Apt)	. 9	
031635683	01 02 03 04 05 06	07 08 09 10 11 12	4752 PAR	K ENCINO	LANE	312
Profession / Occupation US SPONSOR	** 41		City ENCINO	State		ip 1436
Hotel			Country		Phone No.	
Arrival Airline & Flight No.	Date	Time of Arrival	To	be Completed by Head of Fam	ily	
**			MARCIA 18.	ACCOMPANIED BY:	**	2010
Departure	Date	Time of Departure	Municipal Residence	persona presidenta	eron are	
Name	Sport	**	•	26.10.61 03273	1344 3	0010
· · · · · · · · · · · · · · · · · · ·	<i>≥,</i> •	**	MUARIA BARNUSA	Ush	**	
			AWY RUBINR	017 13.07.70 0	3 6	70107

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Kfar Maccabiah Ramat-Gan 52105 Israel

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Entry Form by Name

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Family Name			First Name	Date of birth Day Month Year	Sex F M	Food Type *
DALFEN	A	HCLAN		310343	Х	02 - VEGETARIAN
Passport No.	Partici Previous I	pation At Maccabiot *	Add	ress (No Street - Apt)		
EM-113396		6 07 08 09 10 11 12	467 S. RC	DEO DRI	(€	
Profession / Occupation W Stonsok	** 7 1		City BEVER LEY	HICUS	State	2ip
** **			Country L C A		Phone	No.
ArrivalAirline & Flight No.	Date	Time of Arrival		To be Completed by Head of	Family	
Airline & Flight No.	Date	Time of Arrival		ACCOMPANIED BY:		** 20103
Airline & Flight No.	Date	Time of Departure			92089	** 20103
Airline & Flight No. ** Departure	Date			ACCOMPANIED BY:	92089	20103
Airline & Flight No. ** Departure Airline & Flight No. If Family Members are Athletes or part of a Delegation	Date n please give details:	Time of Departure		ACCOMPANIED BY:	92089	20103
Airline & Flight No. ** Departure Airline & Flight No. If Family Members are Athletes or part of a Delegation	Date n please give details:	Time of Departure		ACCOMPANIED BY:	92089	20103

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Entry Form by Name





Family Name DENEWBERE	S S	IMON	First Name	Date of birth Day Month Year 1 2 0 4 3 4	Sex Food Ty 01 - REGU 02 - VEGE	JLAR
Passport No.	Previous N	oation At * //accabiot * 07 08 09 10 11 12	Addres	ss (No Street - Apt)		
Profession / Occupation US SIONSOR Hotel _H I	** 41			Sta	1 1900	76
Hotel _/**			Country		Phone No.	
ArrivalAirline & Flight No.	Date	Time of Arrival	То	be Completed by Head of Fa	**	
DepartureAirline & Flight No.	Date	Time of Departure			**	
If Family Members are Athletes or part of a Delegation Name	n please give details: Sport	**			**	
		**			**	
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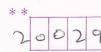


13th Maccabiah Organizing Committee

Kfar Maccabiah Ramat-Gan 52105

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Family Name			First Name	Date of birth Day Month Year	Sex F M	Food Type * 01 - REGULAR
DINNER		MOE		190617	X	02 - VEGETARIAN
Passport No.		cipation At s Maccabiot *	Addre	ess (No Street - Apt)		
0702841.37	01 02 03 04 05	06 07 08 09 10 11 12	9043 N E	37+6 P	LACE	
Profession / Occupation US SPONSOR	**	(52)	City BELLEVILE		State W A	Zip 98004
** **		16	Country USA		Phone	No.
Arrival Airline & Flight No.	Date	Time of Arrival	т	o be Completed by Head o	of Family	
**			RUTH, 03.05	ACCOMPANIED BY	': *	*
DepartureAirline & Flight No.	Date	Time of Departure	BARBARA		*	*
If Family Members are Athletes or part of a Delegation p Name	lease give details Sport	**		(see attach		*
		**			*	*
		**			*	*
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Entry Form by Name





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DINNE Family Name			First Name	Date of birth Day Month Year	Sex F M	Food Type *
BINNER		BARBARA		081249	X	02 - VEGETARIAN
Passport No.		cipation At s Maccabiot *	Addr	ess (No Street - Apt)		
	01 02 03 04 05	06 07 08 09 10 11 12	934 SCOT	TAVENU	ϵ	
	**		City		State	Zip
Profession / Occupation	**	(h)	KANSASC	174	ks	66105
Hotel		110	Country		Phone	No.
**		"16	MEN			
Arrival Airline & Flight No.	Date	Time of Arrival	Т	o be Completed by Head o	f Family	
**			CHESS	ACCOMPANIED BY	: - 67967	**
DepartureAirline & Flight No.	Date	Time of Departure	Mary Cost	03 20 0,00	- 1	**
If Family Members are Athletes or part of a Delegation			Moe 19.00	60FO F1.0	1	**
Name	Sport	**				**
	A	**				**
		**	<u> </u>		4	**
		principal de la constantina del constantina de la constantina del constantina de la				
Cignoturo						Date

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Entry Form by Name	
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Food Type Date of birth Sex First Name Family Name Day , Month , Year 01 - REGULAR SIDNEY 02 - VEGETARIAN 011 Participation At Address (No. - Street - Apt) Passport No. Previous Maccabiot 7300 05 06 07 08 09 10 2370328 Zip City State Profession / Occupation US SPONSOR OH 1020 Phone No. Country Hotel Arrival To be Completed by Head of Family Time of Arrival Airline & Flight No. Date ** ACCOMPANIED BY: DORIS R. 13.11.22 012508521 Departure Time of Departure Airline & Flight No. Date If Family Members are Athletes or part of a Delegation please give details: ** Sport Name

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Entry Form by Name

NOC	**
	20180



Family Name ERENBERG	署书色节会展	First Name A L A N	2801100	Food Type * 01 - REGULAR 02 - VEGETARIAN
Passport No. Previo	rticipation At sus Maccabiot * 5 06 07 08 09 10 11 12	Addre SSN VEN	ess (No Street - Apt)	7 301
Profession / Occupation		City V ∈ V 1 C ∈ Country	State C A Pho	Zip P(0291
Arrival Airline & Flight No. Date	Time of Arrival	USA	b be Completed by Head of Family	
Departure	Time of Departure	-	ACCOMPANIED BY:	** 20178 **
Airline & Flight No. Date If Family Members are Athletes or part of a Delegation please give detail Name Sport		VICTOR	1.02.78 03300819I	** 20179
	**			**

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Entry Form by Name

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Family Name		First Name	Date of birth Day Month Year	Sex Food Type * on - REGULAR
ERENBERG	2 A J D U O C		124050	X 02- VEGETARIAN
	icipation At s Maccabiot *	Addre	ess (No Street - Apt)	
01 02 03 04 05	06 07 08 09 10 11 12	1525 5164	CARKCAP	NE
**		City		State Zip
Profession / Occupation UC STONSOR **		LOS ANGE	CES	CA 90069
Hotel		Country		Phone No.
**		H Z N		
Arrival Airline & Flight No. Date	Time of Arrival	т	o be Completed by Head o	f Family
**		6	ACCOMPANIED BY	
Departure		FEUCE MANCINI	ED 62.20.40	1750629 20176
Airline & Flight No. Date	Time of Departure	Minus Markenase	vernera dec	DAGMAG
If Family Members are Athletes or part of a Delegation please give details Name Sport	**	. 10		**
	**	PONDKAW 1035	parabolary bysis	**
		MAA ORION	LITE DEBLO	HORIVELY **
	**	WATER DEED	MARO SAK	Manast
		Mydra bold	MUSO MR191	datalus
Signature	(De been warden de	dissi	Date * Pleas

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Entry Form by Name

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Family Name	34	OWARD	First Name	Date of birth Day Month Year O 2 0 6 3 5	F M o	ood Type * 1 - REGULAR 2 - VEGETARIAN
Passport No. 041619532	Participa Previous M	ation At	Addr 1645 PAC	ress (No Street - Apt) M B A C H	CA K E S	
Profession / Occupation US SPONSOR	** 91		City WEST PAC	MBEACH		Zip 33401
Hotel**			Country U S A		Phone N	0.
ArrivalAirline & Flight No.	Date	Time of Arrival		Fo be Completed by Head of ACCOMPANIED BY:	**	
DepartureAirline & Flight No.	Date	Time of Departure			**	
If Family Members are Athletes or part of a Delegation Name	please give details: Sport	**			**	
		**			**	
		**			**	

Date

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Ramat-Gan 52105

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Tel: 03-715733 Fax: 03-772059

Telex: 33319 MACAB IL.

Entry Form by Name







Family Name		First Name	Date of birth Day Month Year		Food Type * 01 - REGULAR
FENSTER	DAN		180758	. /	02 - VEGETARIAN
Part	icipation At	Add	ress (No Street - Apt)		
	06 07 08 09 10 11 12	411 EAST	5644 97		
**		City	Sta	ate	Zip
Profession / Occupation PHYSICIAN **		NEW YOR	KNEW	YORK	10022
Hotel		Country		Phone I	No.
**		USA			
Arrival Airline & Flight No. Date	Time of Arrival		To be Completed by Head of Fa	mily	
**			ACCOMPANIED BY:	*	*
Departure Date Date	Time of Departure			*	*
If Family Members are Athletes or part of a Delegation please give details Name Sport	**			*	*
	**			*	*
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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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Family Name			First Name	Date of birth Day Month Year		ood Type *
FOONBERE		HAROLD			N	2 - VEGETARIAN
Passport No.	Part Previou	icipation At	Addre	ess (No Street - Apt)		
032707084		06 07 08 09 10 11 12	SIEN MAP	LE DR		
	** 41		City		State	Zip
Profession / Occupation	**		BEVERVEY	4166	CA 9	0210
Hotel HI		à.	Country		Phone No	o.
**			USA			
ArrivalAirline & Flight No.	Date	Time of Arrival	т	o be Completed by Head o	of Family	
**				ACCOMPANIED BY	/: **	
			ELEANORE	_ 03	2707083 2	2200
DepartureAirline & Flight No.	Date	Time of Departure			**	
If Family Members are Athletes or part of a Delegation pk	ease give details Sport	**			**	
Name	Орон				**	
		**			**	
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13th Maccabiah Organizing Committee Kfar Maccabiah

Ramat-Gan 52105

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Entry Form by Name

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Family Name			First Name	Date of birth Day Month Year	Sex F M	Food Type *
FOX		ERIC		290662	X	02 - VEGETARIAN
Passport No.		articipation At ious Maccabiot *	Addre	ess (No Street - Apt)		
	03 04 0	05 06 07 08 09 10 11 12	1709 A60	OT WAY F	+	
Profession / Occupation SALASMANA ASSA	* an	1	City		State	Zip
Profession / Occupation SALASMANA AND AND *	**		RESTON		VA	22090
Hotel/-/ I			Country		Phone	No.
**	,		NSA			
	Date	Time of Arrival	To	o be Completed by Head of	Family	
**				ACCOMPANIED BY:		**
			CAROL 30.09.	64 0139411	635	20092
Departure Airline & Flight No.	Date	Time of Departure	CAROL 30.09.			**
If Family Members are Athletes or part of a Delegation please gir Name Sport		ails:	West Ort 12/2			**
		**				**
		**	ą			**

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Ramat-Gan 52105

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Entry Form by Name







Family Name			First Name	Date of bird		Food Type *
Fox	f.	ALLEN		2911	36	7 02 - VEGETARIAN
Passport No.		pation At Maccabiot *		Address (No Street -	Apt)	
100039275	1 02 03 04 05 0	6 07 08 09 10 11 12	16090	LD WELS	HRD	
	** a 1		City		State	Zip
Profession / Occupation US SPONSOR WEXTENDED	**		HUNTIN	16DON VA	LLEY	PA19006
Hotel			Country			Phone No.
**			USA			
Arrival Airline & Flight No.	Date	Time of Arrival		To be Completed b	y Head of Family	
**				ACCOMPA	NIED BY:	**
			SUZAN 13	3.11.45 100	4FLPE0	20094
DepartureAirline & Flight No.	Date	Time of Departure	Wheren de	thank. Mile years	MARAS ALA	**
If Family Members are Athletes or part of a Delegation please give detail Name Sport		**	18		Llad9	**
		**	vance (S)	CCO T	cretos.	**
			SHARAMAN	l thanks !	1848061	**
		**	Cletici	andriba d	HEHHELM	<u> </u>
			teken	Edbarus &	orbanks	SC.
Signature		Yste	seralitable	Bellowing & Generalized	* Ple	Date ase Circle The Applicable
	This form must	reach the 13th Maccabia	h Headquarters no lat	er than May 31, 1989		Office Use Only

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Ramat-Gan 52105

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Entr	Form	by Name
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		2009	6



Family Name			First Name	Date of birth Day Month Year	Sex Food Type *
FOX		LORI		050461	Y 02 - VEGETARIAN
Passport No.		ipation At Maccabiot *	Addı	ress (No Street - Apt)	
070281210		6 07 08 09 10 11 12	12 8 P F 8	JEEN DRIVE	
Profession / Occupation AUTO/RUNGAN	Bax ** 91		City WYND MOOR	Stat	
Hotel**			Country W S A		Phone No.
ArrivalAirline & Flight No.	Date	Time of Arrival	Morton many	Fo be Completed by Head of Fan	nily **
DepartureAirline & Flight No.	Date	Time of Departure			**
If Family Members are Athletes or part of a Delegation Name	n please give details: Sport	**			**
	,	**			**
Signature					Date

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Entry Form by Name

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		2009	8	•	V.I

Telex. 55519 MACAB IL.			PRODUCTION OF THE PROPERTY OF	Mark State Court Has been been seen	0
Family Name		First Name	Date of birth Day Month Year	V	Food Type * 01 - REGULAR
	AUU		13112	7 X	02 - VEGETARIAN
Passport No. Previous M	ation At laccabiot *	Add	ress (No Street - Apt)		
	07 08 09 10 11 12	350 PR05	SPECTA	UEAPT	502
Profession / Occupation MANUASTATE CAULTER **		City HACKENS	4 C K	State N J	Zip 0 + 6 0 (
Hotel		Country C S A		Phone	e No.
Arrival Airline & Flight No. Date	Time of Arrival	STEPHANIE	To be Completed by Hear ACCOMPANIED 26 - 05, 59	BY:	** 20097
Departure Airline & Flight No. Date If Family Members are Athletes or part of a Delegation please give details: Name Sport	Time of Departure ** ** **	Mucourage			** ** ** **
Cignoturo					Date

h Maccabiah Headquarters no later than May 31, 1989 This form must reach th an iderary 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

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Family Name FREEDMAN	SAN	FORD	First Name	Date of birth Day Month Year 250/53	Sex F M	Food Type * 01 - REGULAR 02 - VEGETARIAN
Passport No. 0 4 1 4 2 3 6 0 3	Participation A Previous Maccabi	iot *	12700 B1	SCAYNE	BLVD.	
Profession / OccupationATTORNEY	**		City N. H. I. A. H. I.	FL 3318-	State	Zip
Hotel			Country USA		Phone	No.
ArrivalAirline & Flight No.	Date Ti	ime of Arrival	D 4	To be Completed by Head of ACCOMPANIED BY:	,	** 20 26 9
Departure		ne of Departure		\$09.82 0911	32804	**
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Ramat-Gan 52105

Tel: 03-715733 Fax: 03-772059

Telex: 33319 MACAB IL.

Entry Form by Name

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Family Name			First Name	Date of birth Day Month Year	Sex Food Type * On - REGULAR
6ARBER	=	421			02 - VEGETARIAN
Passport No.	Participati Previous Mad	on At ecabiot *	Addres	ss (No Street - Apt)	
042460712	01 02 03 04 05 06 0		3802 N W	3441 54	
	**		City	State	e Zip
Profession / Occupation	**		LAUDERDA	CELAKES	fc ·
Hotel			Country		Phone No.
**			USA		
ArrivalAirline & Flight No.	Date	Time of Arrival	То	be Completed by Head of Fam	nily
**				ACCOMPANIED BY:	**
DepartureAirline & Flight No.	Date Date	Time of Departure			**
If Family Members are Athletes or part of a Delegation Name	please give details: Sport	**			**
		**	_ / *		**
SANDY GARBER RUG	BY	2870			**
		**			**
					-
Signature				**	Date Please Circle The Applicable
	This form must roa	ch the 13th Maccahial	h Headquarters no later than M		For Office Use Only

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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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Family Name	.7(EFFREY	First Name	Date of birth Day Month Year 230243	Sex Food Type * on the first of the first o
Passport No.	Participat Previous Ma 01 02 03 04 05 06 0	ion At *	2049 CEN	ress (No Street - Apt)	K ERST ST3
Profession / Occupation UC SPONSOR IIII Hotel	**	(SN)	City LOSANGE Country	Sta	Phone No.
ArrivalAirline & Flight No.	Date	Time of Arrival		ACCOMPANIED BY:	**
Departure Airline & Flight No. If Family Members are Athletes or part of a Delegation p Name	Date please give details: Sport	Time of Departure ** ** **		LEAD OFFICE OFFI	**

Signature

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	* * NOC	* *
Entry Form by Name		
		20048

Telex: 55519 MACABIL.					0
Family Name		First Name		F M 01 - R	d Type *
GEIBELSON	MICHAEL		251270	X 02 - V	EGETARIAN
Passport No. Previou	ticipation At *	Add	dress (No Street - Apt)		
	06 07 08 09 10 11 12	3698 AN	ASTASIA DR		
Profession / Occupation Stephens Land Land Land Land Land Land Land Land		City City	State		
Hotel	1	Country		Phone No.	
**	1(6)	WSA			
Arrival Airline & Flight No. Date	Time of Arrival		To be Completed by Head of Fam	nily	
		Serra Con	ACCOMPANIED BY:	**	
Departure Date	Time of Departure			**	
If Family Members are Athletes or part of a Delegation please give details Name Sport	s: **			**	
	**		-	**	
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Entry Form by Name

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		20091



Family Name		4 1 1 4	First Name	Date of birth Day Month Year O 7 0 3 4 0	Sex Food Type * on the first of the first o
Passport No.	Participat Previous Ma 01 02 03 04 05 06 0	ccabiot *	1 5 N 7 N 6 C L	Address (No Street - Apt)	DURT
Profession / Occupation U.S. SPONSOR	** 9/		City		State Zip
Hotel**			Country USA		Phone No.
ArrivalAirline & Flight No.	Date	Time of Arrival	HELEN 2	To be Completed by Head of ACCOMPANIED BY:	**
Departure	Date please give details:	Time of Departure	REBECCA 2	3.0641 041461	20090
Name	Sport	**			**

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Entry Form by Name







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Family Name		First Name	Date of birth Day Month Year	Sex F M	Food Type *
GOLD	ALBERT		101127		02 - VEGETARIAN
	rticipation At us Maccabiot *	Add	ress (No Street - Apt)		
	5 06 07 08 09 10 11 12	1101 187	H ST		
us sponsor/		City		State	Zip
Profession / Occupation CHIEF EXEC. ADV. CO. **	(%)	SANTAMO	ONICA	A	30403
Hotel	1/(Country		Phone	No.
**	(6	WSA			
Arrival Airline & Flight No. Date	Time of Arrival		To be Completed by Head of	Family	
**			ACCOMPANIED BY:	*	*
		CAROLYN	23.08.37 033	019445	20047
Departure Airline & Flight No. Date	Time of Departure			*	*
If Family Members are Athletes or part of a Delegation please give detail	ls: **			*	*
Name Sport					
	**			*	*
	**			*	*

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Family Name		First Name	Date of birth Day Month Year	Sex Food Type *
EOUDBERG	MARSHAL		241017	Y 02 - VEGETARIAN
Passport No.	Participation At evious Maccabiot *	Addre	ss (No Street - Apt)	
	4 05 06 07 08 09 10 11 12	180 E PE	ARSON ST	
Profession / Occupation US		City CHICAGO	State	zip 60611
Hotel	116	Country		Phone No.
**		AZN		
Arrival Airline & Flight No. Date	Time of Arrival	- To	be Completed by Head of Fam	nily
		P. 70 30 01	ACCOMPANIED BY:	** 20045
Departure Airline & Flight No. Date	Time of Departure	- KAH 30,04.	70 OTITOAZ	**
If Family Members are Athletes or part of a Delegation please give of Name Sport	etails:			**
	etails:			**

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13th Maccabiah Organizing Committee Kfar Maccabiah

Ramat-Gan 52105 Israel

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Family Name			First Name	Date of birth Day Month Year	Sex F M	Food Type *
6000	C. C.	STEVENC		101042	X	02 - VEGETARIAN
Passport No.		cipation At * * *	Add	Iress (No Street - Apt)		
032224925	01 02 03 04 05	06 07 08 09 10 11 12	345 18+1	STREET		
UL SPONSOR Profession / Occupation	** 41		City SANTA M	0 N 1 C A	State	Zip 90402
Hotel			Country		Phone	e No.
**			U S A			
Airline & Flight No.	Date	Time of Arrival		To be Completed by Head o	of Family	
Airline & Flight No.	Date			ACCOMPANIED BY	·	** 20058
Airline & Flight No. ** Departure Airline & Flight No.	Date	Time of Departure	BARI 25.	ACCOMPANIED BY	: -24703	** 82005 ** 2005
Airline & Flight No. ** Departure	Date	Time of Departure	BARI 25.0 BRIAN 13.	ACCOMPANIED BY	: E0 f 4 6- f 222 f	20029
Airline & Flight No. ** Departure Airline & Flight No. If Family Members are Athletes or part of a Delegation	Date on please give details:	Time of Departure	BARI 25.0 BRIAN 13.	ACCOMPANIED BY 08. 43 0322	: E0 f 4 6- f 222 f	20059
Airline & Flight No. ** Departure Airline & Flight No. If Family Members are Athletes or part of a Delegation	Date on please give details:	Time of Departure	BARI 25.0 BRIAN 13.	ACCOMPANIED BY 08. 43 0322	: E0 f 4 6- f 222 f	20029

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13th Maccabiah Organizing Committee Kfar Maccabiah

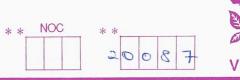
Ramat-Gan 52105

Israel

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Telex: 33319 MACAB IL.

Entry Form by Name





Family Name		First Name	Date of birth Day Month Year	Sex Food Type * 01 - REGULAR
GOUDFEIN	GARM		030644	X 02 - VEGETARIAN
	Participation At evious Maccabiot *	Addre	ss (No Street - Apt)	
030654371 01020304	1 05 06 07 08 09 10 11 12	229 N CL	1 F F W 0 0 D	AVE
Profession / Occupation US SPONSOR **	//	City	UES C	tate Zip A 90049
Hotel		Country		Phone No.
**		MSA		
Arrival Airline & Flight No. Date	Time of Arrival	To	be Completed by Head of F	amily
Arrival Airline & Flight No. Date	Time of Arrival	1	ACCOMPANIED BY:	**
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Airline & Flight No. Pate Departure	Time of Departure	LINDA 23.11.	ACCOMPANIED BY: 47 030655	** \$00\$12 ² 0084 \$00\$12 ² 0085
Airline & Flight No. Departure Airline & Flight No. Date If Family Members are Athletes or part of a Delegation please give de	Time of Departure	LINDA 23.11. COURTNEY 08	ACCOMPANIED BY: 47 030655	\$2008 4 \$00\$12 2008 5 \$513 2008 6
Airline & Flight No. Departure Airline & Flight No. Date If Family Members are Athletes or part of a Delegation please give de	Time of Departure	LINDA 23.11. COURTNEY 08	ACCOMPANIED BY: 47 030655	633 20084 30051220085 **

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Ramat-Gan 52105

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Telex: 33319 MACAB IL.

Entry Form by Name

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		20083



Family Name		First Name	Date of birth Day Month Year F	Food Type *
GOLDSTEIN	MARK S.		141142	X 02 - VEGETARIAN
Passport No.	Participation At Previous Maccabiot *	Add	Iress (No Street - Apt)	
	04 05 06 07 08 09 10 11 12	9809 711	BRON COURT	
Profession / Occupation AMARIAN **	a /	POTOMAC	State M D	20854
Hotel		Country	Ph	one No.
**		MSA		
Animo & riight her	ate Time of Arrival	-	To be Completed by Head of Family	
Arrival Airline & Flight No. Do	Time of Arrival	-	To be Completed by Head of Family ACCOMPANIED BY:	**
Airline & Flight No.	ate Time of Arrival			8 20081
Airline & Flight No. Departure	Time of Arrival Time of Departure	JENNIFER 2	ACCOMPANIED BY:	**
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		20044



Family Name			First Name	Date of birth Day Month Year	Sex Food Typ	
GOODMAN	A	2 T H u R		220825	Y 02- VEGET	
Passport No.	Participa Previous Ma		Addre	ess (No Street - Apt)		-
1864307	01 02 03 04 05 06	07 08 09 10 11 12	4 SHELLE	4 TERRAC	E	
NS SPONSOR	**	()	City	S	state Zip	
Profession / Occupation	**	(Sn)	WESTORA	NEE	3 070	52
Hotel		1/1	Country		Phone No.	
**		1 6	u s a			
4 4 4						
ArrivalAirline & Flight No.	Date	Time of Arrival	T	o be Completed by Head of F	Family	
Airline & Flight No.	Date	Time of Arrival	Т	o be Completed by Head of F ACCOMPANIED BY:	Family **	
Airline & Flight No.	Date			ACCOMPANIED BY:	306 ** 200	43
Airline & Flight No.	Date		Ruth 22.0	ACCOMPANIED BY:	**	43
Airline & Flight No. ** Departure Airline & Flight No. If Family Members are Athletes or part of	Date of a Delegation please give details:	W		ACCOMPANIED BY:	306 ** 200	43
Airline & Flight No. ** Departure Airline & Flight No.	Date	Time of Departure		ACCOMPANIED BY:	** 200	43
Airline & Flight No. ** Departure Airline & Flight No. If Family Members are Athletes or part of Name	Date of a Delegation please give details: Sport	Time of Departure		ACCOMPANIED BY:	306 **	43
Airline & Flight No. ** Departure Airline & Flight No. If Family Members are Athletes or part of	Date of a Delegation please give details:	Time of Departure		ACCOMPANIED BY:	** 200	43
Airline & Flight No. ** Departure Airline & Flight No. If Family Members are Athletes or part of Name	Date of a Delegation please give details: Sport	Time of Departure ** **		ACCOMPANIED BY:	** ** **	43

Date

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Ramat-Gan 52105

Israel

Tel: 03-715733 Fax: 03-772059

Telex: 33319 MACAB IL.

Entry Form by	Name
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		2004



Date

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Family Name		First Name	Date of birth Day Month Year	Sex Food Type *
ERANICK	RICHARD		061028	2 - VEGETARIAN
Passport No. Previo	articipation At ous Maccabiot *	Addres	ss (No Street - Apt)	
0 3 3 1 8 2 4 0 1 01 02 03 04 0	05 06 07 08 09 10 11 12	4839 HAS	KELL AVE	
Profession / Occupation US SPONSOR **	(57)	City ENCINO	State	e Zip
Hotel	116	Country		Phone No.
**		USA		
Arrival Airline & Flight No. Date	Time of Arrival	То	be Completed by Head of Fan	nily
4.4			ACCOMPANIED BY:	**
	₩	JILL 30.00.	39 033173860	**
Departure Date Date	Time of Departure			***
If Family Members are Athletes or part of a Delegation please give deta Name Sport	ils: **			**
	**			**
	**			**

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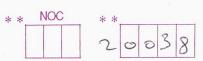
13th Maccabiah Organizing Committee Kfar Maccabiah Ramat-Gan 52105

Israel

Tel: 03-715733 Fax: 03-772059

Telex: 33319 MACAB IL.







Family Name		First Name	Date of birth Day Month Year F	Food Type *
GREENBERE	(AARON)	RON	150231	$m{\chi}$ 02 - VEGETARIAN
	articipation At ous Maccabiot *	Addr	ess (No Street - Apt)	
	05 06 07 08 09 10 11 12	sool ke	VIN AUE	
Profession / Occupation WWW DWW WWW **		City	State	Zip
Profession / Occupation	(2)	ANAJAOO W	HILLS	91364
Hotel	1/(Country		Phone No.
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Arrival Airline & Flight No. Date	Time of Arrival	1	o be Completed by Head of Family	
**			ACCOMPANIED BY:	** 77
	W	NANCY 03	.03.86 6331584B	9 20037
Departure Airline & Flight No. Date	Time of Departure			**
If Family, March are are Athletes or part of a Delogation please give deta	· ·			
If Family Members are Athletes or part of a Delegation please give deta Name Sport	ils: **			**
	ils: **			**
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Date

* Please Circle The Applicable



13th Maccabiah Organizing Committee Kfar Maccabiah Ramat-Gan 52105

Israel

Tel: 03-715733 Fax: 03-772059 Telex: 33319 MACAB IL.

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Family Name	F	ZANKE	First Name	Date of birth Day Month Year Set Day Solution Day Solution Day Solution Day Solution Day Month Year F	x M O1 - REGULAR 2 VEGETARIAN
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Profession / Occupation US STONSOR Hotel	**	(Si)	City $ \begin{array}{c cccc} City \\ \hline Country \end{array} $		Zip 1910 → Phone No.
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Departure Airline & Flight No. If Family Members are Athletes or part of a Delegation part Name	Date blease give details:	Time of Departure	This is now Sand	ACTEN	**

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Date



13th Maccabiah Organizing Committee Kfar Maccabiah

Ramat-Gan 52105

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Entry Form by Name

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Family Name			First Name		M 01 - REGULAR
GREISSMAN	Participa	YRNA tion At		060344 X	02 - VEGETARIAN
Passport No.	Previous Ma	accabiot * 07 08 09 10 11 12	Addre	ess (No Street - Apt)	
	**		City	State	Zip
Profession / Occupation US STONSOR	**		N WOODME	RE NY	11581
Hotel			Country	P	hone No.
			AZN		
ArrivalAirline & Flight No.	Date	Time of Arrival	To	be Completed by Head of Family	
			TB.	ACCOMPANIED BY:	**
DepartureAirline & Flight No.	Date	Time of Departure	103		**
If Family Members are Athletes or part of a Delegation Name	please give details: Sport	**	-		**
		**			**
· ·		- **			**

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13th Maccabiah Organizing Committee

Kfar Maccabiah Ramat-Gan 52105

Israel

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Figure 52105 Entry Form by Name 715733 Fax: 03-772059

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Family Name	5	TEPHEN	First Name	Date of birth Day Month Year 22033	Sex M	Food Type * 01 - REGULAR 02 - VEGETARIAN
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Profession / Occupation US SPONSOR Hotel	** 91		City TARPONS Country	PRINGS	State Phone	Zip 34689 No.
ArrivalAirline & Flight No.	Date	Time of Arrival	CEBENA 07.	be Completed by Head of ACCOMPANIED BY:		**
DepartureAirline & Flight No. If Family Members are Athletes or part of a Delegation Name	Date please give details: Sport		MAIRHINGA C	140 of 10 fe	965166	** 20078 ** 20079 **

Date

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Family Name		First Name	Date of birth Se Day Month Year F	M 01 - REGULAR
GROSSMAN	BETSY		210745 X	02 - VEGETARIAN
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01 02 03 04	05 06 07 08 09 10 11 12	9106 H	ALLS BRIDGE	CANE
Profession / Occupation		POTOMA	State M 1	2085y
Hotel **		Country		Phone No.
Arrival Airline & Flight No. Date	Time of Arrival		To be Completed by Head of Family	
Arrival Airline & Flight No. Date		Robbee	To be Completed by Head of Family ACCOMPANIED BY: 19.00.70 01221142	
Airline & Flight No. Date Airline & Flight No. Date Airline & Flight No. Date	Time of Departure	Robbee Wend1	ACCOMPANIED BY:	7 20073. 17 20074
Airline & Flight No. Pate Departure	Time of Departure		19.10.70 01221142 16.09.73 0121909	-7 20073·
Airline & Flight No. Date Airline & Flight No. Date Date If Family Members are Athletes or part of a Delegation please give deta	Time of Departure wails:	Wendi	19.10.70 01221142 16.09.73 0121909	17 20073 17 20074 27 27 00 75

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Date

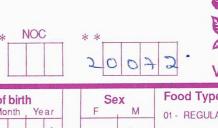


13th Maccabiah Organizing Committee Kfar Maccabiah

Ramat-Gan 52105

Israel





	Tel: 03-715733 Fax: 03-772059 Telex: 33319 MACAB IL.				10072 V.	.I.P
Family Name	A	CAN	First Name	Date of birth Day Month Year	Sex F M O1 - REGULAR 1 02 - VEGETAR	R
Passport No.	Participa Previous M	laccabiot *	Add	dress (No Street - Apt) T A T W P ∈ C D	DRIVE	
Profession / Occupation Rubbus Hotel			City CALABAS Country		A Phone No.	2
**			us A		Thore No.	19200
ArrivalAirline & Flight No.	Date	Time of Arrival		To be Completed by Head of Fa ACCOMPANIED BY: \$\int_{\sumsymbol{\int}} 27737	2 2006	8
Departure	Date of a Delegation please give details: Sport		Tostua D.	21.03.75 GUIE 13.02.76 GUI	162 2007	
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Signature

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Ramat-Gan 52105

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Telex: 33319 MACAB IL.

Entry Form by Name

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Family Name	26	ROME	First Name	Date of birth Day Month Year O 6 1 1 9	Sex F M O1 - REGULAR O2 - VEGETARIAN
Passport No. 080227441	Participation Previous Maco	cabiot *		ess (No Street - Apt)	AVE
Profession / Occupation	**	(S)	City LINCOLNW	000	State Zip
** **		116	Country Country		Phone No.
ArrivalAirline & Flight No.	Date	Time of Arrival	JUHE OLO	a be Completed by Head of ACCOMPANIED BY	: **
DepartureAirline & Flight No.	Date	Time of Departure			**
If Family Members are Athletes or part of a Delegation plane Name	Sport	**		,	**
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Date

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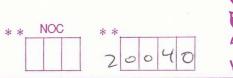
13th Maccabiah Organizing Committee Kfar Maccabiah Ramat-Gan 52105

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Telex: 33319 MACAB IL.







Date

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Family Name	F	First Name	Date of birth Day Month Year F	Sex Food Type *
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	ticipation At substitution state us Maccabiot *	Addre	ess (No Street - Apt)	
5022310 0102030405	06 07 08 09 10 11 12	ISB CHES	TNUTHILL	RB
Profession / Occupation US 800000 **	(5,2)	City CiLLING W	State CT	Zip
Hotel	1(6	Country		Phone No.
Arrival Airline & Flight No. Date	Time of Arrival	Т	be Completed by Head of Famil	у
**			ACCOMPANIED BY:	**
	W	JOYCE 29.6	90.26 Jan	20039
Departure Date Date	Time of Departure			**
If Family Members are Athletes or part of a Delegation please give details Name Sport				**
	**			**
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Ramat-Gan 52105

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Entry Form by Name





Family Name		First Name Bute of Birth			Sex Food Type *
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Passport No.	Partic Previous	ipation At Maccabiot *		Address (No Street - Apt)	
022389614		06 07 08 09 10 11 12	31800	NORTHWESTE	RN HWY STE
Profession / Occupation	**		City FARMIN	GTON HILLS	State Zip M 1 4 8 0 1 8
Hotel			Country		Phone No.
**			MZA		
ArrivalAirline & Flight No.	Date	Time of Arrival		To be Completed by Head of	Family
**			SHIRLEE :	ACCOMPANIED BY: 生心之心之后 022	**
DepartureAirline & Flight No.	Date	Time of Departure			**
If Family Members are Athletes or part of a Delegation Name	please give details: Sport	**			**
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Ramat-Gan 52105

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Entry Form by Name

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Family Name		First Name	Date of birth Day Month Year F M	UI- NEGOLAII
KAMENS	IRA		081049	02 - VEGETARIAN
Passport No.	Participation At Previous Maccabiot *	Addre	ess (No Street - Apt)	
FS13208	01 02 03 04 05 06 07 08 09 10 11 12	944 SUMM	TRD	
Profession / Occupation US SION SOR	** 4 1	City NARBETH	State P A	Zip 19072
Hotel Hotel		Country	Pho	one No.
** 3006		USA		
ArrivalAirline & Flight No.	Date Time of Arrival	т	o be Completed by Head of Family ACCOMPANIED BY:	**
	· ·	KAREN 11.12.	- 87008148Z	20057
DepartureAirline & Flight No.	Date Time of Departure	_		**
If Family Members are Athletes or part of a Delegation Name	please give details:			**
	**			**
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Food Type * Sex Date of birth First Name **Family Name** Day Month Year M 01 - REGULAR 02 - VEGETARIAN Participation At Previous Maccabiot Address (No. - Street - Apt) Passport No. 01 02 03 04 05 06 07 Zip City State Profession / Occupation Phone No. Country Hotel Arrival To be Completed by Head of Family Time of Arrival Airline & Flight No. ACCOMPANIED BY: ** Departure Time of Departure Airline & Flight No. Date If Family Members are Athletes or part of a Delegation please give details: ** Sport Name ** ** **

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13th Maccabiah Organizing Committee Kfar Maccabiah

Ramat-Gan 52105 Israel

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	020390	

Family Name		First Name	Date of birth Day Month Year F	M 01 - REGULAR
KODSE	ZOSEPH			02 - VEGETARIAN
Passport No.	Participation At Previous Maccabiot *	Address	(No Street - Apt)	
EJ438988	01 02 03 04 05 06 07 08 09 10 11 12	850 NORTH	ATLANTIC	A v. 8201
	**	City	State	Zip
Profession / Occupation	**	COCOA BEA	CH FLA	32931
Hotel		Country	Р	hone No.
**		USA		
Arrival Airline & Flight No. **	29.6.89 10:00 Date Time of Arrival	To be	e Completed by Head of Family	
		DAY VODE	ACCOMPANIED BY:	20387
DepartureAirline & Flight No.	Date Time of Departure	AMY KODSI		**
If Family Members are Athletes or part of a Delegation p	lease give details:	DANIEL KODS	.(20380
Name ISAAC KOOSI BASKE	Sport TBALL 002950	DANIEL KODS NANCY KODS		20388
	**			
	**			**

Signature

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Date

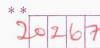


13th Maccabiah Organizing Committee Kfar Maccabiah Ramat-Gan 52105 Israel

Entry Form by Name



no later than May 31, 1989



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Family Name	STE		First Name	Date of birth Day Month Year 2 7 0 5 7 1	Food Type * 01 - REGULAR 02 - VEGETARIAN
Passport No.	Participation A Previous Maccab	piot *	Address ((No Street - Apt)	
Profession / Occupation	** 41		City EL CAJON	State	Zip
Hotel**			Country		Phone No.
Airline & Flight No. **	Date 7	Time of Arrival	To be	Completed by Head of Family ACCOMPANIED BY:	**
DepartureAirline & Flight No.		me of Departure			**
If Family Members are Athletes or part of Name	of a Delegation please give details: ** Sport				**
Signature				* Plea	Date ase Circle The Applicable

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13th Maccabiah Organizing Committee Kfar Maccabiah

Ramat-Gan 52105

Tel: 03-715733 Fax: 03-772059

Telex: 33319 MACAB IL.

Entry Form by Name

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Family Name		First Name	Date of birth Day Month Year	Sex Food Type *
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	articipation At ious Maccabiot *	Addre	ess (No Street - Apt)	
	05 06 07 08 09 10 11 12	1222 746	es et	
Profession / Occupation US SPONSOR **	((())	CHARLOTT	Sta No	
** **	1/6	Country		Phone No.
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Departure Date	Time of Departure	_ GHV VEIGH	THAT OUT DUT	**
If Family Members are Athletes or part of a Delegation please give deta Name Sport	ails:			**
· · · · · · · · · · · · · · · · · · ·	**			**
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Signature

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Date

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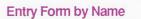
13th Maccabiah Organizing Committee Kfar Maccabiah

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Telex: 33319 MACAB IL.



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Family Name	*	First Name	Date of birth Day Month Year F	Sex Food Type *
LABICON	MARK		181044	X 02 - VEGETARIAN
	Participation At vious Maccabiot *	Ad	Idress (No Street - Apt)	
0 2 2 9 7 7 1 2 1 01 02 03 04	05 06 07 08 09 10 11 12	635 DR1	MAJ 200WT7	€
Profession / Occupation US SHONSOR **		City	State	zip 60062
Hotel	Sported	Country		Phone No.
**		42N		
Arrival Airline & Flight No. Date	Time of Arrival		To be Completed by Head of Famil	ly
		MARILYN	SOLOS, LY O 2222	378720159
Departure Date	Time of Departure	HOWARD (02.11.67 02297	7(20 20 160
If Family Members are Athletes or part of a Delegation please give det Name Sport	alls: **		briens arrow	**
	**	Evalente	Kendux 104123	3100e **

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Family Name			First Name	Date of birth Day Month Year F	Sex Food Type *
LABKON	S	AM		161215	X 02 - VEGETARIAN
Passport No.	Particip Previous M	ation At //accabiot *	Addre	ess (No Street - Apt)	
041023301		07 08 09 10 11 12	3101100	TOFINO PO	INT
Profession / Occupation	**		City	State CRECC	Zip
Hotel			Country		Phone No.
**					
Arrival					
Airling & Flight No.	Date	Time of Arrival	To	be Completed by Head of Family	/
Airline & Flight No.	Date	Time of Arrival		be Completed by Head of Family ACCOMPANIED BY:	**
Airline & Flight No. **	Date			ACCOMPANIED BY:	**
Airline & Flight No.	Date Date				**
Airline & Flight No. ** Departure	Date	"		ACCOMPANIED BY:	**
Airline & Flight No. ** Departure Airline & Flight No. If Family Members are Athletes or part of a Delegation	Date please give details:	Time of Departure		ACCOMPANIED BY:	** 20162
Airline & Flight No. ** Departure Airline & Flight No. If Family Members are Athletes or part of a Delegation	Date please give details:	Time of Departure		ACCOMPANIED BY:	** 20162
Airline & Flight No. ** Departure Airline & Flight No. If Family Members are Athletes or part of a Delegation	Date please give details:	Time of Departure ** **		ACCOMPANIED BY:	**

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Entry Form by Name	Entry	Form	by	Name
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Date

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Family Name		First Name	Date of birth Day Month Year	Sex Food Type *
CAIKIND	JEFFREY		121035	➤ 02 - VEGETARIAN
	Participation At vious Maccabiot *	Addr	ress (No Street - Apt)	
	05 06 07 08 09 10 11 12	1650 66	12 24	
Profession / Occupation \(\text{UL SPONSOR} \\ ** \\ \\ ** \\ \\ \\ \\ \\ \\ \\ \\	o IMC	City NEW YORK	Sta	zip
Hotel		Country		Phone No.
**		UCA		
Arrival Slob L430027. Airline & Flight No. Date	Time of Arrival	1	To be Completed by Head of Fa	milv
**	V	۵.	ACCOMPANIED BY:	*20278
Departure Date	Time of Departure		44	**
If Family Members are Athletes or part of a Delegation please give det	** ** **			**

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Israel

Tel: 03-715733 Fax: 03-772059

Entry Form by Name





Telex: 333	319 MACAB IL.			
Family Name			Date of birth Sex F M	Food Type * 01 - REGULAR
LANE	SCOTT	2-1	+0151 X	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 TAMP	100 BAY	
Profession / Occupation US SPONSOR	**	City LAGUNANIG	State U CA	72677
** **		Country	Pho	one No.
ArrivalAirline & Flight No.	Date Time of Arrival	To be Cor	mpleted by Head of Family	
		N_W_N 26.02.57	CCOMPANIED BY:	20165
DepartureAirline & Flight No.	Date Time of Departure			**
If Family Members are Athletes or part of a Delegat Name	tion please give details:		. 7	**
	**			2.444
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ure ure	-			
The state of the s	This form must reach the 13th Maccab	ah Headquarters no later than May 31,	1989	

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Entry Form by Name

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Family Name			First Name	Date of birth Day Month Year	Sex F M	Food Type * 01 - REGULAR
LEVENTHAL		SAIL		040465	x	02 - VEGETARIAN
Passport No.	Partici Previous	pation At Maccabiot *	Addr	ess (No Street - Apt)		
062125775	01 02 03 04 05 0	6 07 08 09 10 11 12				
	**		City	Sta	ate	Zip
Profession / Occupation	**	(2)				
Hotel		1(6	Country		Phone	No.
**		116				
ArrivalAirline & Flight No.	Date	Time of Arrival	1	o be Completed by Head of Fa	amily	
				ACCOMPANIED BY:	*	**
			MEDELICIONO	ruxe4		
DepartureAirline & Flight No.	Date	Time of Departure			ক	**
If Family Members are Athletes or part of a Delegation pl Name	ease give details: Sport	**			*	**
		**			*	**
(*)		**			*	**

Signature

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i rth n Year	Sex F M	Food Type 01 - REGULAR
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Family Name			Date of birth Day Month Year F N	UI - REGULAN
LEVINE	IRVINE		7209911 X	02 - VEGETARIAN
Passport No.	Participation At Previous Maccabiot *	Address (N	lo Street - Apt)	
F160704	01 02 03 04 05 06 07 08 09 10 11	2 120 HILLS	1 DE AVE	
Profession / Occupation US SHONSOR	**	City REHOBOTH	State W A	Zip
Hotel		Country	Pho	one No.
**		NSA		
ArrivalAirline & Flight No.	Date Time of Arriva	To be C	Completed by Head of Family	
		1	ACCOMPANIED BY:	**
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Airline & Flight No. If Family Members are Athletes or part of a Delegation p Name	Sport	BERNICE 02.10.2	S F160705	20167
	**			**
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Signature

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		20170	V.I.P

Family Name	B	+ RRY	First Name	Date of birth Day Month Year 250231	Sex Food Type * 01 - REGULAR 02 - VEGETARIAN
Passport No. 0 3 2 5 0 7 0 3 3	Participa Previous Ma	tion At accabiot *		ddress (No Street - Apt)	€
Profession / Occupation US SPONSOR	**		City Country	St C	A Phone No.
ArrivalAirline & Flight No.	Date	Time of Arrival	USA	To be Completed by Head of For ACCOMPANIED BY:	dede
DepartureAirline & Flight No.	Date	Time of Departure	" EVELY N	OU.OU.32 03	V 20 60 26
If Family Members are Athletes or part of a Delegation part of a Delegat	blease give details: Sport	**			**
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Entry Form by Name

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13th Maccabiah Organizing Committee Kfar Maccabiah

Ramat-Gan 52105

Tel: 03-715733 Fax: 03-772059

Telex: 33319 MACAB IL.

Entry Form by Name







Family Name	R	OBERT	First Name	Date of birth Day Month Year 300331	Sex M O1 - REGULA O2 - VEGETA	AR
Passport No. F 6 S 3 3 2 0	Particip Previous N 01 02 03 04 05 06		842 MUI	dress (No Street - Apt)		
Profession / Occupation US SPONSOR	**		City BRYN MAI	State PR	Zip	10
Hotel			Country		Phone No.	
ArrivalAirline & Flight No.	Date	Time of Arrival		To be Completed by Head of Famil ACCOMPANIED BY:	**	_
Departure Airline & Flight No.	Date	Time of Departure			**	
If Family Members are Athletes or part of a Delegation Name	please give details: Sport	**		9	**	-
		**	1, 4		**	
	, .	**			**	
Signature					Date	

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13th Maccabiah Organizing Committee Kfar Maccabiah Ramat-Gan 52105

Israel

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Entry Form by Name



Telex. 33319 IVI	metals and the second control of the second					
Family Name	BAR	BARA	First Name	Date of birth Day Month Year 260247	Sex M	Food Type * 01 - REGULAR 02 - VEGETARIAN
Passport No.	Participation A Previous Maccab 01 02 03 04 05 06 07 08	At *	Addit 816 CARP	ress (No Street - Apt)	ANE	
Profession/Occupation US SPONSOR JULIO Exec. Divecto WCSF1	**		City P H I C A D C Country	PHIA	State Phone	Zip 1 9 1 1 9 2 No.
Arrival Airline & Flight No. ** Departure Airline & Flight No. If Family Members are Athletes or part of a Delegation process. Name	Date Tir	me of Departure	JESSICA IL	C	:Y F2FF PC 141 P201 PC 58	** 20171 ** 20172 ** ** **
Signature					-	Date

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13th Maccabiah Organizing Committee Kfar Maccabiah Ramat-Gan 52105

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NOC	* *
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Family Name		First Name	Date of birth Day , Month , Year F	Food Type *
MARSAU IS	EDWARD		021037	→ 02 - VEGETARIAN
Passport No. P	Participation At revious Maccabiot *	Addre	ess (No Street - Apt)	
061228974 010203	04 05 06 07 08 09 10 11 12	1005 DAR	TMOUTH LAN	E
Profession / Occupation US SPONSOR **		City	State	Zip
Hotel		Country		Phone No.
**		USA		
Arrival Airline & Flight No. Dat	e Time of Arrival	т	o be Completed by Head of Family	
			ACCOMPANIED BY:	**
Para de la constanta de la con		HEATHER 19	5.10.42 0612304	92 20 17 4
Departure Airline & Flight No. Dat				**
If Family Members are Athletes or part of a Delegation please give	details:			**
Name				
	**			**
	**			**

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Date



13th Maccabiah Organizing Committee Kfar Maccabiah

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Entry Form by Name

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Family Name		First Name	Date of birth Day Month Year F	Food Type *
MERRICE	BIANE		091136 X	02 - VEGETARIAN
Passport No.	Participation At Previous Maccabiot *	Address	s (No Street - Apt)	
	04 05 06 07 08 09 10 11 12	8288 WELL	2056 AVE	
#* PRANCOLAR SONOR **		City	State	Zip
Profession / Occupation Chemical Chemic		COS ANGE	LES CA	90069
Hotel		Country		Phone No.
**		USA		
Arrival Airline & Flight No. Da	te Time of Arrival	Tob	pe Completed by Head of Family	
**			ACCOMPANIED BY:	**
		Maubinos Ex		
Departure Airline & Flight No. Da	Time of Departure			**
If Family Members are Athletes or part of a Delegation please give Name Sport	details:			**
Name Sport				
	**			**
	**			**
Signature				Date

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13th Maccabiah Organizing Committee Kfar Maccabiah Ramat-Gan 52105

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Entry Form by Name	Entr	Form	by Na	me
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V.I.P.

Family Name			First Name		of birth Month Year F		Food Type 01 - REGULAR	
MICHAELS	0	SERNARD		14	0133	1-	02 - VEGETARI	
Passport No.	Partici Previous	ipation At Maccabiot *		Address (No Str	eet - Apt)			
71814388		07 08 09 10 11 12	101	W. 79 th	57			
A	**		City		State		Zip	
Profession / OccupationUL SPONS OR	**		NEW	40 RK	14	7	1002	4
Hotel			Country		, , , , , , , , , , , , , , , , , , , ,	Phone N	No.	
**			USA					
ArrivalAirline & Flight No.	Date	Time of Arrival		To be Comple	ted by Head of Family	/		
					MPANIED BY:	*>	*	
			LYNN	12.09.44	71813387)	810	7
			C-11/10	12.07. 44	23121 1387		ECONOMIC SERVICES	
Departure Airline & Flight No.	Date	Time of Departure	C-(1010	12.09, 44	77191 1387	**	*	
Departure Airline & Flight No. If Family Members are Athletes or part of a Delegation Name		Time of Departure		12.09. 44	71101 1387	**		
Airline & Flight No. If Family Members are Athletes or part of a Delegation	please give details:			12.09. 44	231017384	**	*	
Airline & Flight No. If Family Members are Athletes or part of a Delegation	please give details:	**		12.07. 44	231017387	***	*	
Airline & Flight No. If Family Members are Athletes or part of a Delegation	please give details:	**		12.07. 44	231017387	**	*	

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13th Maccabiah Organizing Committee Kfar Maccabiah

Ramat-Gan 52105

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Entry Form by Name

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Family Name		First Name	Date of birth Day , Month , Year F	Sex Food Type *
MILLER	MELVYN		250339	✓ 02 - VEGETARIAN
	articipation At ous Maccabiot *	Addı	ress (No Street - Apt)	
	05 06 07 08 09 10 11 12	914 EXE	TER CREST	
Profession / Occupation US SPONSOR **		City V I L L A N O V	State PA	zip
** **		Country M S A		Phone No.
Arrival Airline & Flight No. Date	Time of Arrival		To be Completed by Head of Family	у
		LENE 05.12	ACCOMPANIED BY:	20159
Departure Date	Time of Departure			**
If Family Members are Athletes or part of a Delegation please give deta Name Sport	iils: **		· ·	**
	**	,		**
	**		-	**
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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Family Name			First Name	Date of birth Day Month Year	Sex Food Type *
MISHER	S	JANNE		291143	▼ 02 - VEGETARIAN
Passport No.	Participa Previous Ma	tion At		Address (No Street - Apt)	
090696462		07 08 09 10 11 12	61 6 6	EVERING MI	LLRD
Profession / Occupation UC SPONZ OR	**		City BALA C		State Zip
Hotel			Country		Phone No.
**			U Z D		
ArrivalAirline & Flight No.	Date	Time of Arrival		To be Completed by Head of	Family
4.4				ACCOMPANIED BY:	**
DepartureAirline & Flight No.	Date	Time of Departure			**
If Family Members are Athletes or part of a Delegation Name	olease give details: Sport	**			**
		**			**
		**			**
				4	
Signature					Date

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Please attach an identity photo to this entry form.

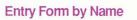


13th Maccabiah Organizing Committee Kfar Maccabiah Ramat-Gan 52105

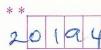
Israel

Tel: 03-715733 Fax: 03-772059

Telex: 33319 MACAB IL.







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Family Name		First Name	Date of birth Day Month Year	M	Food Type *
MONKARSH	JERRY		100636		02 - VEGETARIAN
	Participation At vious Maccabiot *	Addr	ess (No Street - Apt)		41
031537971 01 02 03 04	05 06 07 08 09 10 11 12	2292 BET	TY LANE		
**		City	St	ate	Zip
Profession / Occupation US SPONSORS **	-	BEUERLEY	HILLS	CAO	10210
Hotel		Country		Phone N	lo.
**		USA			
Arrival Airline & Flight No. Date	Time of Arrival	т	o be Completed by Head of Fa	amily	
**			ACCOMPANIED BY:	**	•
		Joy 26.03.	40 0331 5528	39 2	0192
Departure Airline & Flight No. Date	Time of Departure			**	100
If Family Members are Athletes or part of a Delegation please give det	tails:	14.11.	66 03082111	**	
Name Sport		FOR MOBI	or white or pu	Str	
	**		ANL WOUNDER	· • • • • • • • • • • • • • • • • • • •	
	**	Market Viscolvi	prepared	,	
		(selectaclu	defermed		
Signature				* Please Circle	Date The Applicable

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13th Maccabiah Organizing Committee Kfar Maccabiah Ramat-Gan 52105

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Family Name			First Name	Date of birth Day Month Year	Sex F M	Food Type *
MONKARSH	2	0 10		140364	X	02 - VEGETARIAN
Passport No.	Participa Previous M	ation At laccabiot *	Ac	Idress (No Street - Apt)		
031742951	01 02 03 04 05 06	07 08 09 10 11 12	11363 3	URNHAMST	-	
to and and all Admed	try **		City		State	Zip
Profession / Occupation WIO MCARCH	**		20 ANG	ELES	A	90049
Hotel			Country		Phone	e No.
**			USA			
ArrivalAirline & Flight No.	Date	Time of Arrival	HOIRI REE	To be Completed by Head of ACCOMPANIED BY:		20195
DepartureAirline & Flight No.	Date	Time of Departure	HELD IVER	03316226		**
If Family Members are Athletes or part of a Delegation Name	n please give details: Sport	**		ν		**

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13th Maccabiah Organizing Committee Kfar Maccabiah Ramat-Gan 52105

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Family Name		First Name	Date of birth Day Month Year	Sex F M	01 - REGULAR
hust	JOEL		281044	×	02 - VEGETARIAN
	icipation At us Maccabiot *	Address	s (No Street - Apt)		
023145228 01 02 03 04 05	06 07 08 09 10 11 12	3595 LA 1	PLAMA		
Profession / Occupation**		City 0 R C 4 A D C A	14	ate	Zip 48033
Hotel		Country		Phone	No.
**		USA			
ArrivalAirline & Flight No. Date	Time of Arrival		De Completed by Head of Fa		**
		BRITNI ANN IS.	11.81 023142	273	**
Departure Date If Family Members are Athletes or part of a Delegation please give details	Time of Departure	MONNI 26.08.	54 023145	75227	20281
Name Sport	**	KACEE 28.01.8	34 0531425		20476
		MIYA 11.01.7	9 0231452	31	20477
	**				**

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13th Maccabiah Organizing Committee Kfar Maccabiah

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Entry Form by Name

* *
20197



Family Name			First Name	Date of birth Day Month Year	Sex Food Type On - REGULA	
NADASI	704	+N		(50533	X 02 - VEGETA	
Passport No. Pre	Participation A	At piot *	Addre	ss (No Street - Apt)		
		8 09 10 11 12	12 TIBBI	TS LANE		
Profession / Occupation US SPONZOR **			City SANDC PO	State NY		5 0
Hotel			Country		Phone No.	
**			USA			
Arrival Airline & Flight No. Date		Time of Arrival	То	be Completed by Head of Fan	nily	
				ACCOMPANIED BY:	**	
Departure Airline & Flight No. Date	Tir	me of Departure			**	
If Family Members are Athletes or part of a Delegation please give de Name Sport	etails:				**	
	**			·····	**	
	**				**	
			4		The state of the s	

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Date



13th Maccabiah Organizing Committee Kfar Maccabiah Ramat-Gan 52105 Israel

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Family Name			First Name	Date of birth Day Month Year F	Sex Food Type *
NAINAN	MA	RSHALL		170571	2- VEGETARIAN
Passport No.	Participation Previous Mac	on At ecabiot *	Add	dress (No Street - Apt)	
033205824	1 02 03 04 05 06 07		14 LAKE	HEUIX DRI	VE
	** 91		City	State	Zip
Profession / Occupation SQUDENT	**		LA MESA	CA	92041
Hotel			Country		Phone No.
**			USA		
Arrival	Date	Time of Arrival		To be Completed by Head of Fam	ily
**				ACCOMPANIED BY:	**
Departure	Date	Time of Departure			**
If Family Members are Athletes or part of a Delegation plea	ase give details: Sport	**			**
<u> </u>		**			**
	1				
		**			**

Signature

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13th Maccabiah Organizing Committee

Kfar Maccabiah Ramat-Gan 52105

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Entry Form by Name

* *	NOC	* *	
		2019	6



Family Name			First Name	Date of birth Day , Month , Year	Sex Food Type * 01 - REGULAR
NEWMAN	S	HEILA		150878	2 - VEGETARIAN
Passport No. SH143097	Participation At Previous Maccabiot * 01 02 03 04 05 06 07 08 09 10 11 12		Address (No Street - Apt) 3 4 ROCK CUIFF RD,		
Profession / Occupation NC SPO NCOR	**		City STATHE	Star RINES ON T	ARIOLZR373
** **			Country CANADA		Phone No.
ArrivalAirline & Flight No.	Date	Time of Arrival		ACCOMPANIED BY:	**
DepartureAirline & Flight No.	Date	Time of Departure	1		**
If Family Members are Athletes or part of a Delegation Name	please give details: Sport	**			**
Signature					Date

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Ramat-Gan 52105

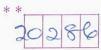
Israel

Tel: 03-715733 Fax: 03-772059

Telex: 33319 MACAB IL.

Entry Form by Name







Family Name			First Name	Date of birth Day Month Year F	Food Type *
PINCUS	1	ANCY		290957 X	02 - VEGETARIAN
Passport No.	Particip Previous M	ation At laccabiot *	Addre	ess (No Street - Apt)	
F1218552		07 08 09 10 11 12	214 4170	HING POST	DRIVE
	**	8	City	State	Zip
Profession / Occupation #OUSE WIFE	**		WILMINGT	ONDE	19803
Hotel			Country		Phone No.
**			USA		
ArrivalAirline & Flight No.	Date	Time of Arrival	Т	o be Completed by Head of Family	1
**				ACCOMPANIED BY:	**
DepartureAirline & Flight No.	Date	Time of Departure			**
If Family Members are Athletes or part of a Delegation ple	ease give details:	ate ate			**
Name	Sport	**			
	Sport	**			**

Date

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Israel

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Entry Form by Name

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Family Name		First Name	Date of birth Day Month Year	Sex Food Type * 01 - REGULAR
PINCUS	ROBERT		310155	X 02 - VEGETARIAN
	rticipation At ous Maccabiot *	Addre	ss (No Street - Apt)	
F 1 2 1 1 5 6 1 01 02 03 04 05	5 06 07 08 09 10 11 12	214 4170	HING POS	TORIVE
Profession / Occupation ATTORNEY **		City		E 19803
Hotel		Country		Phone No.
**		USA		
Arrival Airline & Flight No. Date	Time of Arrival	NANCH	ACCOMPANIED BY:	** 20286
Departure Date	Time of Departure		F12185	\$2 **
If Family Members are Athletes or part of a Delegation please give detail Name Sport	ls: **	LENWAC.		**
	**			**
	**		<i>(4</i>	**

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Entry Form by Name





Family Name			First Name	Date of birth Day Month Year	Sex F M	Food Type *
PINCUS	D	DIVA		081026	X	02 - VEGETARIAN
Passport No.	Participa Previous Ma		Addre	ss (No Street - Apt)		
E274502	01 02 03 04 05 06	07 08 09 10 11 12	1319 REM	INGTON	45	
Profession / Occupation US SPONSOR	**		City WYNNEWOO		State	zip 19096
Hotel**			Country USA		Phone	No.
ArrivalAirline & Flight No.	Date	Time of Arrival	GERRI 03.01.	be Completed by Head of ACCOMPANIED BY:		** 20201
DepartureAirline & Flight No.	Date	Time of Departure	URAMOA MITTOTALA	HARMORNIE LOG	ad Stiger	**
If Family Members are Athletes or part of a Delegation p Name	lease give details: Sport	**	IRENE RITE	10718 0908	91761 0	** 20203

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		1

* *



Family Name			First Name	Date of birth Day Month Year F	Sex Food Type *
PINCUS	D	ONNA		220265 X	
Passport No.	Participa Previous Ma	tion At	Addre	ess (No Street - Apt)	
012340805	01 02 03 04 05 06		116 MATT	APONI TRA	
Profession / Occupation US SPONSOR	** #		City	State VA	Zip 23185
Hotel			Country		Phone No.
**			NSA		
ArrivalAirline & Flight No.	Date	Time of Arrival	Т	o be Completed by Head of Family	•
**				ACCOMPANIED BY:	**
DepartureAirline & Flight No.	Date	Time of Departure			**
If Family Members are Athletes or part of a Delegation Name	please give details: Sport	**			**
		**			**
		**			**
			\(\frac{1}{2}\)		

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Entry Form by Name

NOC	**
	20205



Family Name		First Name	Date of birth Day Month Year F	Food Type * M 01 - REGULAR
RABINOWITZ	SAMUEL		160932	Y 02- VEGETARIAN
Passport No. Pro	Participation At evious Maccabiot *	Addre	ess (No Street - Apt)	
090333740 0102030	4 05 06 07 08 09 10 11 12	1161 NOR	SAM RD	
Profession / Occupation US SPORSOR **		City	State P A	zip 19035
Hotel		Country	P	hone No.
**		NSA		
Arrival Airline & Flight No. Date	Time of Arrival	Т	o be Completed by Head of Family	
			ACCOMPANIED BY:	**
		BORBIE OL.	09.35 09033373	9 20204
Departure Airline & Flight No. Date	Time of Departure			**
If Family Members are Athletes or part of a Delegation please give d Name Sport	etails:			**
	**			**
	**			**

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13th Maccabiah Organizing Committee Kfar Maccabiah

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Israel

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Telex: 33319 MACAB IL.

Entry Form by Name

* * _ NOC _	**
	20184



Family Name		First Name	Date of birth Day Month Year	Sex Food Type * 01 - REGULAR
REFF	ALBERT		220144	02 - VEGETARIAN
Passport No. Previo	ticipation At us Maccabiot *	Addre	ess (No Street - Apt)	
030522318 01 02 03 04 05	5 06 07 08 09 10 11 12	4265 MAR	INAVDRIVE	CITY
Profession / Occupation US SPONSOR **		City MARINAD	Stat EUREY	zip
Hotel		Country		Phone No.
**		USA		
Arrival Airline & Flight No. Date	Time of Arrival	Т	o be Completed by Head of Far	nily
**			ACCOMPANIED BY:	**
		ROBIN Men	1 25.05.57	20183
Departure Date	Time of Departure		0354183	13 **
If Family Members are Athletes or part of a Delegation please give detail Name Sport	** **			**
	**			**
	**			**

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Date

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

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Family Name			First Name	Date of birth Day Month Year	Sex F M		d Type REGULA	
REIFMAN		EONARD		141134	X		VEGETA	
Passport No.	Particip Previous N	ation At laccabiot *	Add	ress (No Street - Apt)				
030797268		07 08 09 10 11 12	607 8 171	LUST, S	STES	1 2)	
	**	:	City		State	Z	ip	
Profession / Occupation UC SPONSOR	**		COS ANGE	ELES	A	90	00	14
Hotel			Country		Phone	No.		
**			USA					
ArrivalAirline & Flight No.	Date	Time of Arrival		To be Completed by Head of	Family			
**				ACCOMPANIED BY:		**		
			ESTHERLY	06.08.39 030	888818	20	, 18	- >
DepartureAirline & Flight No.	Date	Time of Departure	LYNN			2 0	5	77
If Family Members are Athletes or part of a Delegation		**				**		
Name	Sport							
		**				**		
		**	. ~	÷		**		

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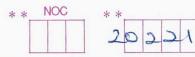


13th Maccabiah Organizing Committee Kfar Maccabiah

Ramat-Gan 52105

Tel: 03-715733 Fax: 03-772059 Telex: 33319 MACAB IL.

Entry Form by Name





Family Name		First Name	Date of birth Day Month Year F	Food Type * M 01 - REGULAR
ROBERTS	TAN		170524	Y 02 - VEGETARIAN
	Participation At vious Maccabiot *	Addre	ess (No Street - Apt)	
011357574 01 02 03 04	05 06 07 08 09 10 11 12	8001 R15	ING MEADOW	RD
Profession / Occupation Stolle Statutura **		CITARLOTT	State NC	Zip 28226
Hotel		Country	F	Phone No.
**		USA		
ArrivalAirline & Flight No. Date	Time of Arrival		o be Completed by Head of Family ACCOMPANIED BY:	**
	N	BERNICE 13.	02.28 6113544	19 20220
Airline & Flight No. Date If Family Members are Athletes or part of a Delegation please give de Name Sport	Time of Departure ** ** ** **	HARRY ENIN	MN28 6113544	**
			1	

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Date



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Israel

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Entry Form by Name





Family Name		First Name Date o	f birth Sex onth Year F M	Food Type *
ROBINSON	MARC	200	169 X	02 - VEGETARIAN
Passport No.	Participation At Previous Maccabiot *	Address (No Stre	et - Apt)	
	04 05 06 07 08 09 10 11 12	4752 PARK EN	JCINO LA	312
Profession / Occupation STUBENT **		City ENCINO	State C A	21p 91436
Hotel		Country	Phone	e No.
**		42V		
Arrival Airline & Flight No. Da	Time of Arrival	•	ed by Head of Family	**
Departure Airline & Flight No. Da	Time of Departure			**
If Family Members are Athletes or part of a Delegation please give Name Sport	details:			**
and the same of th	**	ě.		**
	**			**

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Entry Form by Name

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Family Name		First Name	Date of birth Day Month Year	Sex Food Type * F M 01 - REGULAR
ROSENMUTTER	NATHAN		280315	℃ 02- VEGETARIAN
Passport No. Previ	articipation At sous Maccabiot * 05 06 07 08 09 10 11 12	Addre	SS (No Street - Apt)	3301
Profession / Occupation US SPONSOR **	(()	City CHICHEO	Stat	zip 606(1
Hotel	116	Country USA		Phone No.
Arrival Airline & Flight No. Date	Time of Arrival		accompleted by Head of Far Accompanied BY:	**
Departure	Time of Departure ** ** **	BAUKRIKY SOM	AN LOLOKBEN	2 227 (
Signature		(Ska settaclus	(Greative)	Date

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Entry	/ Form by Nai	me N	**[NOC	**	V.I.P.
HEL	First Name		Date of b	h Year	Sex F M	Food Type * 01 - REGULAR 02 - VEGETARIAN
) 11 12	435	Address ((No Street	- Apt)		
	City				State	7in

Family Name		First Name	Date of birth Day Month Year	F M 01 - REGULAR
SALTER	MICHAEL		200349	02 - VEGETARIAN
	icipation At	Addres	s (No Street - Apt)	
	06 07 08 09 10 11 12	435 25+4	57	
Profession / Occupation US SPONSOR ** 91	(2)	City SANTAMOI	St	ate Zip
Hotel	116	Country S A		Phone No.
ArrivalAirline & Flight No. Date	Time of Arrival		ACCOMPANIED BY:	**
Airline & Flight No. ** Departure	ð	TOBY 14.03.49	ACCOMPANIED BY:	**
Airline & Flight No. Date Airline & Flight No. Date Date	Time of Departure	TOBY 14.03.4°	ACCOMPANIED BY:	20006
Airline & Flight No. ** Departure	Time of Departure	TOBY 14.03.45	ACCOMPANIED BY:	2 00 0 C ** 2 00 0 7 **
Airline & Flight No. Date Airline & Flight No. Date Date Date If Family Members are Athletes or part of a Delegation please give details Name Sport	Time of Departure **	TOBY 14.03.45	ACCOMPANIED BY: 7 033128813 08.74 033128 77 0331288	2 0 0 0 C ** 2 0 0 0 7 ** 2 0 0 0 8

Signature

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Date



13th Maccabiah Organizing Committee Kfar Maccabiah

Ramat-Gan 52105

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Entry Form by Name

*_	NOC	* *	
	-	20067	



Family Name SCHOENFEE	F	RED	First Name	Date of birth Day Month Year OPOU36	Sex F M	Food Type * 01 - REGULAR 02 - VEGETARIAN
Passport No. D 2 0 2 2 8 2 5 0	Participa Previous Ma 01 02 03 04 05 06		363 MERC	ress (No Street - Apt)		
Profession / Occupation	** 4/		City NEW YORK		State N Y	Zip 10003
Hotel**			Country		Phone	e No.
Airline & Flight No. **	Date	Time of Arrival		ACCOMPANIED BY	Y:	** 20062
Airline & Flight No.	Date	Time of Departure	MARIENE 10 BRUCE 08. BEBORAH HAR RACHEL HARTS	ACCOMPANIED BY 07.39 G09 02.66 F203 06 2TSTEIN 30.6	Y: 5726 M 1-88809 01.63 W 3626	20062

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שואליושנדט ליסין ייתנא פפגרבי ב seed s-arae שואליושנדט ליסין ייתנא	13th Maccabiah Organizing Comm Kfar Maccabiah Ramat-Gan 52105 Israel Tel: 03-715733 Fax: 03-772059 Telex: 33319 MACAB IL.	En	try Form by Name	*	* NOC **	0013	3	V.I.P.
Family Name		STEVEN	First Name	Day 1	of birth Month Year F	M	01 - REG	ype * SULAR SETARIAN
Passport No.	Previous	cipation At s Maccabiot * 06 07 08 09 10 11 12	14 WE	Address (No Str				
Profession / Occupation / LC SP =	** NO 2010		City N∈W	PORK	State		Zip	100
Hotel**		1/6	Country			Phone N	lo.	
ArrivalAirline & Flight No.	Date	Time of Arrival	LINDA		eted by Head of Fam MPANIED BY:	**	* 0 c	>12
DepartureAirline & Flight No.	Date	Time of Departure	-	1. 4	000-119	**	*	
If Family Members are Athletes or part of Name	of a Delegation please give details Sport	**				**		
		**				**		
re		st reach the 13th Maccabi		later than May 31, 1989		Please Circle For Office Us		



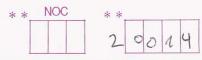
Ramat-Gan 52105

Israel

Tel: 03-715733 Fax: 03-772059

Telex: 33319 MACAB IL.

Entry Fo	m by	/ Name	





Family Name		s R E G O R Y	First Name	Date of birth Day Month Year	Sex Food Type * F M 01 - REGULAR 02 - VEGETARIAN
Passport No.	Particip Previous I	pation At	Addre	ess (No Street - Apt)	CUD #B
Profession / Occupation US SPONSOR	**		City		State Zip
Hotel**		1/6	Country USA		Phone No.
ArrivalAirline & Flight No.	Date	Time of Arrival	Т	o be Completed by Head of ACCOMPANIED BY:	Family **
DepartureAirline & Flight No.	Date	Time of Departure			**
If Family Members are Athletes or part of a Delegation p	lease give details: Sport	**			**
		**			**
		**			**

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Entry Form by Name

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Family Name	14	First Name	Date of birth Day , Month , Year	Sex Food Type *
SEGALL	DOM			02 - VEGETARIAN
Passport No. Previo	rticipation At ous Maccabiot *	Ad	ddress (No Street - Apt)	
	5 06 07 08 09 10 11 12	156 S. A	LMONT DR	
Profession / Occupation US SPONSORS ** 9/	1	City		State Zip
**		BEVERLE	YHILLS	CA 90211
Hotel	Clay	Country		Phone No.
**	116	NSA		
Arrival Airline & Flight No. Date	Time of Arrival		To be Completed by Head	of Family
**			ACCOMPANIED B	
		MARINA	09,10.35 COI	
Departure Date Date	Time of Departure			**
If Family Members are Athletes or part of a Delegation please give detail	ls: **			**
Name Sport				
	**			**
	**			**
Signaturo				Date

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Telex: 33319 MACAB IL.

Entry Form by Name

* *	NOC	**				
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Family Name		First Name	Date of birth Day Month Year F	Sex Food Type * O1 - REGULAR
SHELDON	MAX		120317	X 02 - VEGETARIAN
Passport No.	Participation At Previous Maccabiot *	Add	dress (No Street - Apt)	
021100198	01 02 03 04 05 06 07 08 09 10	11 12 PO BOX	2065	
Profession / Occupation US SPONSOR	**	City	State TON HILLS	zip M1 48333
** **	11	Country		Phone No.
ArrivalAirline & Flight No.	Date Time of Ar	rival	To be Completed by Head of Famil	ly
		BIGRITHA BO	ACCOMPANIED BY:	20273
or part of a Delegation p	Date Time of Dep	Darture Wichtabel V	n clt AEC	20274
part of a Bologation p	Sport	damman	CATHLEEN	20175
	**	Thronder	JENNIFER	20276
	**	1 and	SAVID	20277

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Entry Form by Name

* *_	NOC	* *				
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Family Name		104	First Name	Date of birth Day Month Year	Sex F M	Food Type * O1 REGULAR O2 - VEGETARIAN
Passport No.	Participa Previous M	laccabiot *	7400 BAR	ess (No Street - Apt)	E	02- VEGETARIAN
Profession / Occupation Salut Employ	**	IMC	City BETHESDA		State MD	zip 20817
Hotel		1/6	Country USA		Phone	
Arrival Ly OOY Airline & Flight No. **	6/26 Date	8'30 AM Time of Arrival	Т.	o be Completed by Head o		
Departure SR 333 Airline & Flight No.	7/8 Date	7;00 AM Time of Departure	CLAIRE 1	ACCOMPANIED BY	23998	20018
If Family Members are Athletes or part of a Delegation Name	on please give details: Sport	**				**
		**				**
A) ()						5-11-09

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13th Maccabiah Organizing Committee Kfar Maccabiah

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Entry Form by Name

*	NOC)	*	*				
				2	0	0	1	6
				-	0	0	1	6



Family Name		First Name	Date of birth Day Month Year F	Sex Food Type *
SHRINSKY	JASON		159637	X 02- VEGETARIAN
Passport No. Previ	articipation At ious Maccabiot *	Addre	ess (No Street - Apt)	40
	05 06 07 08 09 10 11 12	901. 15th	ST, NW S	TEIII
**		City	State	Zip
Profession / Occupation US SPONSOR **		TONIHZAW	ONDC	20005
Hotel	(5-)	Country		Phone No.
**	116	AZN		
Arrival Airline & Flight No. Date	Time of Arrival	To	be Completed by Head of Fami	ily
**			ACCOMPANIED BY:	** 20015
to provide the formation and		STACY 29.0	6.73 012048	241
Departure Date Date	Time of Departure	RANNA 1RANA.	6.73 012048 1000000 1414001111 10	75857
If Family Members are Athletes or part of a Delegation please give deta	ails:	Me sauce of Missell	N MANAGE	**
Name Sport				
	**			**
				**
	**			***
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NOC	* *
	10000
	20273



Family Name			First Name	Date of birth Day Month Year		Food Type * 01 - REGULAR
SINGER		ILANA		080388		02 - VEGETARIAN
Passport No.	Part Previou	icipation At * * * * * * * * * * * * * * * * * *	Addre	ess (No Street - Apt)		
01 0	02 03 04 05	06 07 08 09 10 11 12	424 WEST	END AVE	30	
Particular to the Control of the Con	**	-	City	S	State	Zip
Profession / Occupation	**		NEW YORK	NY 10	024	
Hotel			Country		Phone I	No.
**			USA			
Arrival Airline & Flight No.	Date	Time of Arrival	To	o be Completed by Head of I	Family	
**				ACCOMPANIED BY:	*:	k
Departure Airline & Flight No.	Date	Time of Departure			*:	k
If Family Members are Athletes or part of a Delegation please Name Sp	give details ort	**	-		*:	k
		**	÷ y		*:	k

Date
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Ramat-Gan 52105

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Entry Form by Name

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			2	0	2	0	8



Family Name	2	08684	First Name	Date of birth Day Month Year	Sex F M	Food Type * 01 - REGULAR 02 - VEGETARIAN
Passport No.	Participat Previous Ma 01 02 03 04 05 06 0		Addre-	ss (No Street - Apt)	urt	
Profession / Occupation UL SPONSOR	**			BEACH F		zip 33179
Hotel**			Country W S A		Phone	No.
ArrivalAirline & Flight No.	Date	Time of Arrival	ANN 04.06.	be Completed by Head of F ACCOMPANIED BY:	*	* 20206
Departure Airline & Flight No. If Family Members are Athletes or part of a Delegation Name	Date please give details: Sport	Time of Departure ** **	ROBERT	68 04224	7935°	20207
		**	surey surevi	allo lating	<u> </u>	**
Signature						Date

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Entry Form by Name

* *_	NOC	* *
		20210



Family Name		First Name	Date of birth Day Month Year F M	Food Type * 01 - REGULAR
SINGER	DANIE	4	221060 X	02 - VEGETARIAN
Passport No.	Participation At Previous Maccabiot *	Addr	ress (No Street - Apt)	
041144384 01020	03 04 05 06 07 08 09 10	11 12 424 WEST	END AVE #3	D
Profession / Occupation*	*	City NEW YORK	State NY	Zip 10024
Hotel		Country	Pho	ne No.
Arrival Airline & Flight No.	Date Time of Ar	rival	To be Completed by Head of Family	
**			ACCOMPANIED BY:	** 20209
DepartureAirline & Flight No.	Date Time of Dep	LINDA 25.	ACCOMPANIED BY: 07.60 040062250	
** Departure	Date Time of Dep	LINDA 25.	ACCOMPANIED BY: 07.60 040062250	20209
Departure Airline & Flight No. If Family Members are Athletes or part of a Delegation please gi	Date Time of Dep	LINDA 25.	ACCOMPANIED BY: 07.60 040062250	20209
Departure Airline & Flight No. If Family Members are Athletes or part of a Delegation please gi	Date Time of Dep	LINDA 25.	ACCOMPANIED BY: 07.60 040062250	20209

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Family Name			First Name		Food Type * 01 - REGULAR
SINGER		ESLIE		240363 X	02 - VEGETARIAN
Passport No.	Particip Previous M	ation At laccabiot *		Address (No Street - Apt)	
041803291	01 02 03 04 05 06	07 08 09 10 11 12	300 E	G2ND ST 30	2
Profession / Occupation ATTORNEY	**		City NEY Y	State NY	Zip
Hotel			Country	Ph	none No.
**			AZU		
Arrival Airline & Flight No.	Date	Time of Arrival		To be Completed by Head of Family	
				ACCOMPANIED BY:	**
DepartureAirline & Flight No.	Date	Time of Departure		(4)	**
If Family Members are Athletes or part of a Delegation Name	please give details: Sport	**			**
		**			**
		**			**

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Entry Form by Name

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Family Name		•	First Name	Date of birth Day Month Year	Sex Food Ty	
SCADE	e	LWARD		440120	2 vege	
Passport No.	Particip Previous M		Addre	ss (No Street - Apt)		
281622000	01 02 03 04 05 06	07 08 09 10 11 12	80 SOUTH	RD		
Profession / Occupation	**		City SANDS PO	1 1/7	State Zip	50
Hotel	3000 A		Country		Phone No.	
**			AZU			
ArrivalAirline & Flight No.	Date	Time of Arrival	Te	b be Completed by Head o	of Family	
**	5410	Time of Arrival		ACCOMPANIED BY		
Departure			DOT 24.06-1	ACCOMPANIED BY	· **	11
DepartureAirline & Flight No.	Date	Time of Departure	DOT 24.06-1	ACCOMPANIED BY	** 202	1 1
Departure	Date		DOT 24.06-11 ANDREA 14.0	ACCOMPANIED BY	202 202 202 202 202	11
DepartureAirline & Flight No. If Family Members are Athletes or part of a Delegation	Date please give details:	Time of Departure	DOT 24.06-11 ANDREA 14.0	ACCOMPANIED BY 5 06056	** 202 ** 202 ** 202 \$202 \$202 **	11
Departure Airline & Flight No. If Family Members are Athletes or part of a Delegation Name	Date please give details: Sport	Time of Departure	DOT 24.06-11 ANDREA 14.0	ACCOMPANIED BY 5 06056	\$202 \$282 \$02 \$282 \$03 \$282 \$03	1 1 2 2 3

Date

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13th Maccabiah Organizing Committee Kfar Maccabiah

Ramat-Gan 52105

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Entry Form by Name

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Family Name			First Name	Date of birth Day Month Year	Sex Food Type *
SOMERMAN	6	EUERLEY		300342	2 02 - VEGETARIAN
Passport No.	Participa Previous Ma	tion At ccabiot *	Addı	ress (No Street - Apt)	
01		07 08 09 10 11 12	3150 LAK	EESHORE	DR BPT 33C
	**	,	City	S	State Zip
Profession / Occupation	**		CHICAGO	1	(60657
Hotel		(Sp)	Country		Phone No.
**		116	424		
Arrival Airline & Flight No.	Date	Time of Arrival	,	Го be Completed by Head of I	Family
**				ACCOMPANIED BY:	**
			WANTERUN R	osehmutel	**
Departure Airline & Flight No.	Date	Time of Departure			**
If Family Members are Athletes or part of a Delegation pleas Name S	se give details: Sport	**	:		**
		**			**
		**			**
					Name of the latest and the latest an

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Entry Form by Name

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Family Name		First Name	Date of birth Day Month Year F M	Food Type *
SP 1 NO W1 T2	LAWRENCE		120939 X	02 - VEGETARIAN
Passport No.	Participation At Previous Maccabiot *	Address (I	No Street - Apt)	
F762714 0102	03 04 05 06 07 08 09 10 11 12	14 CATALP	A COURT	
Profession / Occupation US SPONSOR	**	City	State	zip
Hotel		Country	Phor	ne No.
**		USA		
Arrival Airline & Flight No.	Date Time of Arrival	To be	Completed by Head of Family	
		FRAN 22.06.4	ACCOMPANIED BY:	21206
Departure Airline & Flight No.	Date Time of Departure	MARC 30.06.	68 062339196	20216
If Family Members are Athletes or part of a Delegation please Spo	t **	ACISON 06.07.	26288620 H	**
	**			**

Date

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Entry Form by Name

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CHIROPRACTIC

Family Name			First Name	Date of birth Day Month Year	Sex F M	Food Type 01 - REGULAR	
STERN		LAWRENCE		290654	X	02 - VEGETAF	
Passport No.	Parti	cipation At s Maccabiot *	Addr	ess (No Street - Apt)			
		06 07 08 09 10 11 12	400 KINE	57			Q
**			City	S	tate	Zip	7,
Profession / Occupation US STONSOR **			CHAPPAQU	AN	4	1201	· 450
Hotel			Country		Phone	No.	0 3
**			NSA				
Arrival Airline & Flight No. Date		Time of Arrival	т	o be Completed by Head of F	- amily		
**				ACCOMPANIED BY:		**	
Departure Airline & Flight No. Date		Time of Departure				**	
If Family Members are Athletes or part of a Delegation please give de Name Sport	etails	**				**	
		**				**	
		**				**	
						Date	
Signature						Dale	

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Entry Form by Name





Family Name		First Name	Date of birth Day Month Year	Sex F M	Food Type *
SWIMMER	HARRY		081129	X	02 - VEGETARIAN
	articipation At ious Maccabiot *	Addre	ss (No Street - Apt)		
011287016 01020304	05 06 07 08 09 10 11 12	725 PROV	IDENCER		
Profession / Occupation US SPONSOR **		City CITAR COTT		State	Zip 28307
Hotel	<u> </u>	Country		Phone	No.
**		USA			
Arrival Airline & Flight No. Date	Time of Arrival	To	be Completed by Head of	Family	
		Α .	ACCOMPANIED BY:		**
DepartureAirline & Flight No. Date	Time of Departure	MARHUN 26.0:		>	2022
If Family Members are Athletes or part of a Delegation please give deta	aile:	WATURDREATS.	12-08.20 EV	PEZEZZ	
Name Sport	**	WATUBBERTS "	278 13-02.2	इ प्रवान "	**
	**			*	**
	**			k	**

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Date

Ple se attach an identity photo to this entry form.

This form must reach the 13th Maccabiah Headquarters no later than May 31, 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	* *	
		20181	



Family Name		First Name	Date of birth Day Month Year F	Sex Food Type * 01 - REGULAR
320T	KNDREA		090924 X	
	rticipation At bus Maccabiot *	Addre	ss (No Street - Apt)	
032174148 01 02 03 04 0	5 06 07 08 09 10 11 12	109 MAUP	Bu COLONY	RD
WOTHER TO US STONSOR DOUGLAS** Profession / Occupation ERENBERG **	,	City MAUIBU	State C M	Zip 90265
Hotel		Country		Phone No.
**		UCA		
Arrival Airline & Flight No. Date	Time of Arrival	To	be Completed by Head of Famil	у
**			ACCOMPANIED BY:	**
Departure		Howouns GR	checker	**
Departure Date	Time of Departure	· ·		
If Family Members are Athletes or part of a Delegation please give detail Name Sport	ls: **			**
	**			**
				**
	**		TA:	
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	**
	20225



Family Name		First Name	Date of birth Day Month Year F	Food Type *
WEISSMAN	DAVID C.		240738	X 02 - VEGETARIAN
	ticipation At us Maccabiot *	Addr	ess (No Street - Apt)	
100223730 0102030405	5 06 07 08 09 10 11 12	SABERNA	THYRD	
Profession / Occupation UC SPONSOR **		City	State MA	zip
Hotel		Country		Phone No.
Arrival Airline & Flight No. Date	Time of Arrival		O be Completed by Head of Family ACCOMPANIED BY:	** 20224
Departure Date	Time of Departure	Willies Co.	3.11.41 21043 13	**
If Family Members are Athletes or part of a Delegation please give detail: Name Sport	**	-		**
, 2 V				

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Date



13th Maccabiah Organizing Committee Kfar Maccabiah

Ramat-Gan 52105

Israel

Tel: 03-715733 Fax: 03-772059

Telex: 33319 MACAB IL.

Entry Form by Name

NOC	*	k *.				
		2	0	2	1	7



Family Name		First Name	Date of birth Day Month Year F M	Food Type *
WERCHADLO	HOWARD		180624 X	02 - VEGETARIAN
Passport No. Prev	Participation At vious Maccabiot *		ress (No Street - Apt)	
360(190)	05 06 07 08 09 10 11 12	18 MERRI	UL RD	
Profession / Occupation US SYONSOR **		CRANSTON	State	Zip
Hotel		Country	Pho	ne No.
Arrival Airline & Flight No. Date	Time of Arrival		ACCOMPANIED BY:	** 20226
Departure Date	Time of Departure	-	300 - 147	**
If Family Members are Athletes or part of a Delegation please give give give give give give give giv	tails:		-	**
	**			**
	**			**

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Israel

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Entry Form by Name





Family Name		4	First Name	Date of birth Day Month Year	Food Type *
WERTHEIM	STE	VEN		019456	X 02 - VEGETARIAN
Passport No.	Participation At Previous Maccabio	ot *	Addr	ress (No Street - Apt)	
021620141	01 02 03 04 05 06 07 08	09 10 11 12	70 040 5	STRATTON CH	ASE
Profession / Occupation PHYSICIAN	**		City ATLANTA	State	zip 30328
Hotel			Country	I	Phone No.
**			USA		
ArrivalAirline & Flight No.	Date Tin	me of Arrival	1	Fo be Completed by Head of Family	
Airline & Flight No.	Date Tin	me of Arrival	ACEXANDRA	To be Completed by Head of Family ACCOMPANIED BY:	**
Airline & Flight No. ** Departure Airline & Flight No.	Date Time	me of Arrival	ACTIVATED	ACCOMPANIED BY:	** 20711
Airline & Flight No. ** Departure	Date Time		ACTIVATED		- **
Airline & Flight No. ** Departure Airline & Flight No. If Family Members are Athletes or part of a Delegation	Date Time		ACTIVATED	ACCOMPANIED BY:	** 20711

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Date

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Ramat-Gan 52105

Israel Tel: 03-715733 Fax: 03-772059

Telex: 33319 MACAB IL.

Entry Form by Name

* *	NOC	k *_		
04				





Family Name			First Name	Date of birth Day Month Year	Sex Food Type *
W0L1V	P	RESTON		130651	2- VEGETARIAN
Passport No.	Partici Previous	ipation At Maccabiot *	Addre	ss (No Street - Apt)	
02197022 01		06 07 08 09 10 11 12	2800 N. LA	KE SHORE	DR 1608
Profession / Occupation PHYSICIAN	**		City CMICAGO	; 	State Zip 60657
Hotel			Country		Phone No.
**			USA		
Arrival Airline & Flight No.	Date	Time of Arrival	To	be Completed by Head of	Family
**				ACCOMPANIED BY:	**
Departure	Date	Time of Departure			**
If Family Members are Athletes or part of a Delegation plea Name	se give details: 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	**
	20229



Family Name			First Name	Date of birth Day Month Year	Sex Food Type * 01 - REGULAR
WORTMAN	V	SALTER		051238	2- VEGETARIAN
Passport No.	Partici Previous I	pation At Maccabiot *	Addre	ess (No Street - Apt)	
B277896	01 02 03 04 05 06	6 07 08 09 10 11 12	369 040	BRIDGE R	D
Profession / Occupation US SPONSOR	**		City ENORTHP	O R T N	
Hotel			Country		Phone No.
**			AZN		
ArrivalAirline & Flight No.	Date	Time of Arrival	Т	o be Completed by Head of Far	mily
Airline & Flight No. **	Date	Time of Arrival		ACCOMPANIED BY:	**
Airline & Flight No. ** Departure	Date	Time of Arrival			**
Airline & Flight No. **	Date	Time of Departure		ACCOMPANIED BY:	<u>-</u> ** <u>-</u> ** <u>-</u> ** ** <u>-</u> **
Airline & Flight No. ** Departure Airline & Flight No. If Family Members are Athletes or part of a Delegation	Date n please give details:	Time of Departure		ACCOMPANIED BY:	<u>-</u> ** <u>20228</u>
Airline & Flight No. ** Departure Airline & Flight No. If Family Members are Athletes or part of a Delegation	Date n please give details:	Time of Departure		ACCOMPANIED BY:	<u>-</u> ** <u>-</u> ** <u>-</u> ** ** <u>-</u> **

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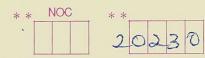
Date

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Israel Tel: 03-715733 Fax: 03-772059 Telex: 33319 MACAB IL. Entry Form by Name





Family Name		First Name	Date of birth Day Month Year F	ex Food Type * M 01 - REGULAR
ZUKERMAN	JACK		252020	Y 02 VEGETABIANI
Passport No. Pre	Participation At vious Maccabiot *	Addre	ess (No Street - Apt)	2 VEGETATIAN 2
	05 06 07 08 09 10 11 12	1115000	YMPIC BLVI	, C
Profession / Occupation US SPONSOR **		City Los ANGE	State CA	Zip Zip Zip Phone No.
Hotel		Country		Phone No.
**		U S A		
Arrival Airline & Flight No. Date	Time of Arrival	Т	o be Completed by Head of Family	
		MORALAR	ACCOMPANIED BY:	**
Departure Date	Time of Departure	- Cohrida Mar		**
If Family Members are Athletes or part of a Delegation please give de Name Sport	etails:			**
	**			**
	**			**
Signature				 Date

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