



מוזיאון מכבי ע"ש פייר גילדסגיים

PIERRE GILDESGAME MACCABI SPORTS MUSEUM



גלילת תיק - 13

לפי גלילת תיק

סימול 2-13-250

שם חטיבה מכבי

תאריך 1989

מס. מיכל 291



ARGENTINA  
AUSTRALIA  
BRAZIL  
BELGIUM

forms 63 - 14.6.89





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

### Entry Form by Name

\*\* NOC

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2	0	6	1	5
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V.I.P.

Family Name												First Name												Date of birth Day Month Year			Sex F M		Food Type *						
BURSTEIN												JOSE															X		01 - REGULAR 02 - VEGETARIAN						
Passport No.												Participation At Previous Maccabiot *												Address (No. - Street - Apt)											
												01 02 03 04 05 06 07 08 09 10 11 12																							
Profession / Occupation												City												State						Zip					
Hotel												Country												Phone No.											
**												ARGENTINA																							

Arrival Airline & Flight No. Date Time of Arrival

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Departure Airline & Flight No. Date Time of Departure

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

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To be Completed by Head of Family

ACCOMPANIED BY:

SPOUSE

**	2	0	6	1	3
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Signature

Date

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

Please attach an identity photo to this entry form.

\* Please Circle The Applicable  
\*\* For Office Use Only





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

### Entry Form by Name

\*\* NOC

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2	0	6	1	0
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V.I.P.

Family Name												First Name												Date of birth Day Month Year			Sex F M		Food Type *						
FURMANSKI												JOSE																	01 - REGULAR 02 - VEGETARIAN						
Passport No.												Participation At Previous Maccabiot *												Address (No. - Street - Apt)											
												01 02 03 04 05 06 07 08 09 10 11 12																							
Profession / Occupation												City												State			Zip								
Hotel												Country												Phone No.											
												ARE																							

Arrival \_\_\_\_\_ Date \_\_\_\_\_ Time of Arrival \_\_\_\_\_

Airline & Flight No.

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Departure \_\_\_\_\_ Date \_\_\_\_\_ Time of Departure \_\_\_\_\_

Airline & Flight No.

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


**			
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**			

To be Completed by Head of Family

ACCOMPANIED BY:

	**			
	**			
	**			
	**			
	**			

Signature

Date

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

Entry Form by Name

\*\* NOC

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2	0	6	1	2
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V.I.P.

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

Profession / Occupation												City												State												Zip											
Hotel												Country												Phone No.																							
**												ARGENTINA																																			

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

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

To be Completed by Head of Family

ACCOMPANIED BY:

SPOUSE

**											
20611											
**											
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**											

Signature

Date

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

Entry Form by Name

\*\* NOC

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2	0	6	1	9
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V.I.P.

Family Name												First Name												Date of birth Day Month Year			Sex F M		Food Type *						
P I N C O												J U L I O															X		01 - REGULAR 02 - VEGETARIAN						
Passport No.												Participation At Previous Maccabiot *												Address (No. - Street - Apt)											
												01 02 03 04 05 06 07 08 09 10 11 12																							
Profession / Occupation												City												State						Zip					
Hotel												Country												Phone No.											
**												A R G E N T I N A																							

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

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

Name	Sport	**
		**
		**

To be Completed by Head of Family

ACCOMPANIED BY:

SPOUSE

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Signature

Date

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

Entry Form by Name

\*\* NOC

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2	0	6	1	7
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V.I.P.

Family Name												First Name												Date of birth Day Month Year			Sex F M		Food Type *						
R Y B												I S A A C															X		01 - REGULAR 02 - VEGETARIAN						
Passport No.												Participation At Previous Maccabiot *												Address (No. - Street - Apt)											
												01 02 03 04 05 06 07 08 09 10 11 12																							
Profession / Occupation												City												State						Zip					
Hotel												Country												Phone No.											
**												A R G E N T I N A																							

Arrival \_\_\_\_\_ Date \_\_\_\_\_ Time of Arrival \_\_\_\_\_

Airline & Flight No.

**				
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Departure \_\_\_\_\_ Date \_\_\_\_\_ Time of Departure \_\_\_\_\_

Airline & Flight No.

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


To be Completed by Head of Family

ACCOMPANIED BY:

SPOUSE

**	2	0	6	1	6
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Signature

Date

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

Entry Form by Name

\*\* NOC

\*\*

20307



V.I.P.

Family Name												First Name												Date of birth			Sex		Food Type *						
GAENSLER												BOBBY												Day Month Year			F M		01 - REGULAR 02 - VEGETARIAN						
Passport No.												Participation At Previous Maccabiot *												Address (No. - Street - Apt)											
J0469211												01 02 03 04 05 06 07 08 09 10 11 12												7 LOCKWOOD AVE FRENCHS FOREST											
Profession / Occupation												City												State						Zip					
TEACHER												SYDNEY												NSW						2086					
Hotel												Country												Phone No.											
BASSEL												AUSTRALIA												024521383											

Arrival AZ Alitalia 746 28-6-89 5.10 pm  
Airline & Flight No. Date Time of Arrival

Departure AZ Alitalia 747 715 6.25 pm  
Airline & Flight No. Date Time of Departure

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

Frank Gaensler Tenpin Bowling

Bobby Gaensler  
Signature

To be Completed by Head of Family

ACCOMPANIED BY:



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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20402

020



V.I.P.

Family Name												First Name												Date of birth Day Month Year			Sex F M		Food Type *						
BADCOCK												KLEE															X		01 - REGULAR 02 - VEGETARIAN						
Passport No.												Participation At Previous Maccabiot *												Address (No. - Street - Apt)											
T 384494												01 02 03 04 05 06 07 08 09 10 11 12												17 VANCOUVER AVE											
Profession / Occupation												City												State						Zip					
												PANORAMA																							
Hotel SINAI / BASEL												Country												Phone No.											
												AUSTRALIA																							

Arrival ALITALIA 28.6. WITH TEAM  
Airline & Flight No. Date Time of Arrival

Departure ALITALIA 16.7. WITH TEAM  
Airline & Flight No. Date Time of Departure

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

Name	Sport

To be Completed by Head of Family

ACCOMPANIED BY:



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Signature

Date

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היא לשלם

הק \$30

לשלוש הק (ש"מ)  
לשלוש הק (ש"מ)

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והוא חנוכה עם קאלו

מחצית  
לאלו

כך היה

היה

אם לא היה

היה

היה





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

Entry Form by Name

\*\* NOC

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V.I.P.

Family Name										First Name										Date of birth			Sex		Food Type *				
BEVILLE										DEIRDRE										Day Month Year 17 12 41			F M ✓		01 - REGULAR 02 - VEGETARIAN				
Passport No.										Participation At Previous Maccabiot *										Address (No. - Street - Apt)									
E019424										<del>01 02 03 04 05 06 07 08 09 10 11 12</del>										11 WHERNSIDE AVE TOORAK									

Profession / Occupation Retailer

Hotel Private Accommodation

**		
**		

City										State					Zip				
MELBOURNE										VIC					3142				
Country										Phone No.									
AUSTRALIA										6543699(DAY)									

Arrival SR 338 2023 2-7-89 1335

Airline & Flight No. Date Time of Arrival

Departure LY 541 7117 11-7-89 0730

Airline & Flight No. Date Time of Departure

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

Name GARY BEVILLE Sport HOCKEY

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To be Completed by Head of Family

ACCOMPANIED BY:

NA

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D Beville  
Signature

15 MAY 89  
Date

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

Entry Form by Name

\*\* NOC

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2	0	3	0	5
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V.I.P.

Family Name												First Name												Date of birth Day Month Year			Sex F M		Food Type *						
BEVILLE												KEATH																	01 - REGULAR 02 - VEGETARIAN						
Passport No.												Participation At Previous Maccabiot *												Address (No. - Street - Apt)											
												01 02 03 04 05 06 07 08 09 10 11 12												11 WHERNSIDE AVE TOORAK											
Profession / Occupation												City												State						Zip					
												MELBOURNE												VIC						3142					
Hotel												Country												Phone No.											
PRIVATE ACCOMODATION												AUSTRALIA												<del>05436919</del>											

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2	2
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Arrival SR 338 7023 2.7.89 13:35  
Airline & Flight No. Date Time of Arrival

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Departure LY 541 7117 11.7.89 07:30  
Airline & Flight No. Date Time of Departure

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

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To be Completed by Head of Family

ACCOMPANIED BY:

BEVILLE DEIRDRE (WIFE)  
17.12.41 E019424

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Signature

Date

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

### Entry Form by Name

\*\* NOC

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2	0	3	0	2
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V.I.P.

Family Name												First Name												Date of birth Day Month Year			Sex F M		Food Type *																		
GOLD												BERNIE												27 06 42					01 - REGULAR 02 - VEGETARIAN																		
Passport No.												Participation At Previous Maccabiot *												Address (No. - Street - Apt)																							
J0570843												01 02 03 04 05 06 07 08 09 10 11 12												8 7 - 13 KIRKEP ROAD																							
Profession / Occupation												City												State												Zip											
IMC Sales Manager												BALWIN												VICTORIA												3103											
Hotel												Country												Phone No.																							
BASIL												AUSTRALIA												03 8366 286																							

Arrival WITH TEAM 28/7 28/6/89 Time of Arrival

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Departure WITH TEAM 16/8 16/7/89 Time of Departure

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

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To be Completed by Head of Family

ACCOMPANIED BY:

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Signature

Date

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

Entry Form by Name

\*\* NOC

AUS

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20303



V.I.P.

Family Name												First Name												Date of birth Day Month Year			Sex F M		Food Type *						
GOLD												KAREN												160171			✓		01 - REGULAR 02 - VEGETARIAN						
Passport No.												Participation At Previous Maccabiot *												Address (No. - Street - Apt)											
J0527547												01 02 03 04 05 06 07 08 09 10 11 12												22/ 36-38 PENKIVIL STREET											
Profession / Occupation												City												State						Zip					
STUDENT												BONDI												NSW						2026					
Hotel												Country												Phone No.											
BASEL												AUSTRALIA												023898945											

Arrival WITH TEAM 23/7 28/6/89  
Airline & Flight No. Date Time of Arrival

Departure EL AL 47315 7/14/89  
Airline & Flight No. Date Time of Departure

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

Name	Sport
BERNIE GOLD (FATHER)	MASTERS SQUASH

To be Completed by Head of Family

ACCOMPANIED BY:

BERNIE GOLD (A.M.F. PRESIDENT  
M.W.U. / I.M.C  
MEMBER)

kgold  
Signature

13/5/89  
Date

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

92 V.I.P.  
J.M.C.

### Entry Form by Name

92 V.I.P.

\*\* NOC

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20308



V.I.P.

Family Name												First Name												Date of birth			Sex		Food Type *						
LEVY												ROBIN												Day Month Year			F M		01 - REGULAR 02 - VEGETARIAN						
Passport No.												Participation At Previous Maccabiot *												Address (No. - Street - Apt)											
E006367												01 02 03 04 05 06 07 08 09 10 11 12												12 PRIVATE RD NORTHWOOD											
Profession / Occupation												City												State						Zip					
COMPANY DIRECTOR												SYDNEY												NSW						2066					
Hotel												Country												Phone No.											
SWISSAIR												AUSTRALIA												(2) 4270173											

Arrival SWISSAIR 703 SUN 2 JULY Time of Arrival

Departure SWISSAIR TUE 11 JULY Time of Departure

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

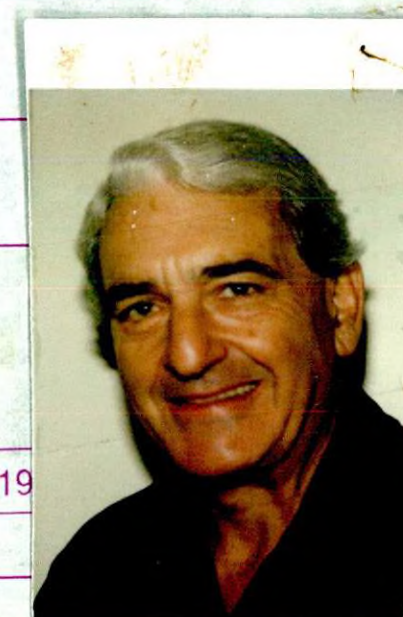
Name	Sport
LEILA LEVY	LAWN BOWLS
BRUCE LEVY	VET SQUASH
PHILIP SACKS	VET LADIES TENNIS

Signature

To be Completed by Head of Family

ACCOMPANIED BY:

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**				
**				
**				
**				



Date

Circle The Applicable Use Only

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1992  
Please attach an identity photo to this entry form.





13th maccabiah  
המכביה ה-13

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

# Entry Form by Name

\*\* NOC

AW

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20301



V.I.P.

Family Name												First Name												Date of birth			Sex		Food Type *						
PLATUS												LOUIS												Day Month Year			F M		01 - REGULAR 02 - VEGETARIAN						
8 8 4 4												X																							
Passport No.												Participation At Previous Maccabiot *												Address (No. - Street - Apt)											
G 4 3 9 0 6 8												01 02 03 04 05 06 07 08 09 10 11 12												99 WILD ST											
Profession / Occupation												City												State						Zip					
SHOE RETAILING												MAROUBRA												NSW						2035					
Hotel												Country												Phone No.											
KFAR MACCABIAH												AUSTRALIA												02 3494791											

Profession / Occupation SHOE RETAILING

Hotel KFAR MACCABIAH

Arrival AZ 746  
Airline & Flight No.

21/6/89  
Date

17.10  
Time of Arrival

Departure AZ 747  
Airline & Flight No.

14/7/89  
Date

18.25  
Time of Departure

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

To be Completed by Head of Family

ACCOMPANIED BY:

Louis Platus  
Signature

9/5/89  
Date

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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

AUS

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20304



V.I.P.

Family Name										First Name										Date of birth			Sex		Food Type *				
SCHWARTZ										ARLENE										Day Month Year			F M		01 - REGULAR 02 - VEGETARIAN				
Passport No.										Participation At Previous Maccabiot *										Address (No. - Street - Apt)									
J0244592										01 02 03 04 05 06 07 08 09 10 11 12										24 BANGALLA RD ROSEBAY									
Profession / Occupation										City										State					Zip				
PHYSIOTHERAPIST										SYDNEY										NSW					2030				
Hotel										Country										Phone No.									
KFAR MACCABIAH										AUSTRALIA										371 8775									

Arrival ALITALIA AZ 746 28/6/89 17:30 pm  
Airline & Flight No. Date Time of Arrival

To be Completed by Head of Family

Departure ALITALIA 7143 14/7/89  
Airline & Flight No. Date Time of Departure

ACCOMPANIED BY:

BRIAN SCHWARTZ

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

Name	Sport	**
N/A		

**	20304
**	
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**	

ASchwartz  
Signature

Date

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

### Entry Form by Name

\*\* NOC

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V.I.P.

Family Name										First Name										Date of birth Day Month Year			Sex F M		Food Type *								
HUTS-STAPPAERTS										JEANINE										060850			X		01 - REGULAR <del>02 - VEGETARIAN</del>								
Passport No.										Participation At Previous Maccabiot *												Address (No. - Street - Apt)											
S 233110										01 02 03 04 05 06 07 08 09 10 11 12												RUE DES SABLES 3											
Profession / Occupation										City												State						Zip					
										WEZEMBEEK-OPPEM																		1970					
Hotel										Country												Phone No.											
SINAI										BELGIUM																							

Arrival 02/07/89    
Airline & Flight No.  Date  Time of Arrival

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Departure     
Airline & Flight No.  Date  Time of Departure

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

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To be Completed by Head of Family

ACCOMPANIED BY:

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Signature

Date

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

\* Please Circle The Applicable  
\*\* For Office Use Only





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

Entry Form by Name

\*\* NOC

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2	0	7	0
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V.I.P.

Family Name												First Name												Date of birth Day Month Year			Sex F M		Food Type *						
HUTS-STAPPAERTS												JEANINE												060850			X		01 - REGULAR 02 - VEGETARIAN						
Passport No.												Participation At Previous Maccabiot *												Address (No. - Street - Apt)											
S 233110												01 02 03 04 05 06 07 08 09 10 11 12												RUE DES SABLES 3											
Profession / Occupation												City												State						Zip					
												WEZEMBEEK-OPPEM																		1970					
Hotel												Country												Phone No.											
SIVAI												BELGIUM																							

Arrival 02/07/89                                            
Airline & Flight No.                      Date Time of Arrival

Departure                                                                 
Airline & Flight No.                      Date Time of Departure

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

Name	Sport	**

To be Completed by Head of Family

ACCOMPANIED BY:

**				
**				
**				
**				
**				

Signature

Date

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

### Entry Form by Name

\*\* NOC

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2	0	7	1	0
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V.I.P.

Family Name										First Name										Date of birth Day Month Year			Sex F M		Food Type *								
HUTS-STAPPAERTS										JEANINE										060850			X		01 - REGULAR 02 - <del>VEGETARIAN</del>								
Passport No.										Participation At Previous Maccabiot *												Address (No. - Street - Apt)											
S 233110										01 02 03 04 05 06 07 08 09 10 11 12												RUE DES SABLES 3											
Profession / Occupation										City												State						Zip					
										WEZEMBEEK-OPPEM																		1970					
Hotel										Country												Phone No.											
SINAI										BELGIUM																							

Arrival	Airline & Flight No.	Date	Time of Arrival
02/07/89			

Departure	Airline & Flight No.	Date	Time of Departure

If Family Members are Athletes or part of a Delegation please give details:		To be Completed by Head of Family	
Name	Sport	ACCOMPANIED BY:	

Name		Sport		Time of Arrival	

Signature		Date	

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

### Entry Form by Name

\*\* NOC

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2	0	1	0
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V.I.P.

Family Name												First Name												Date of birth			Sex		Food Type *																		
HUTS-STAPPAERTS												JEANINE												Day Month Year			F M		01 - REGULAR 02 - <del>VEGETARIAN</del>																		
Passport No.												Participation At Previous Maccabiot *												Address (No. - Street - Apt)																							
S 233110												01 02 03 04 05 06 07 08 09 10 11 12												RUE DES SABLES 3																							
Profession / Occupation												City												State			Zip																				
												WEZEMBEEK-OPPEM															1970																				
Hotel												Country												Phone No.																							
SIDAI												BELGIUM																																			
Arrival												Date												Time of Arrival												To be Completed by Head of Family											
Airline & Flight No.												ACCOMPANIED BY:																																			
02/09/89																																															
Departure												Date												Time of Departure																							
Airline & Flight No.																																															
If Family Members are Athletes or part of a Delegation please give details:																																															
Name												Sport																																			

Signature

Date

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

Entry Form by Name

\*\* NOC

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20583



V.I.P.

Family Name												First Name												Date of birth			Sex		Food Type *						
DANZE - ASS ETLMAN												ALINET												Day Month Year			F M		01 - REGULAR 02 - VEGETARIAN						
Passport No.												Participation At Previous Maccabiot *												Address (No. - Street - Apt)											
5 746605												01 02 03 04 05 06 07 08 09 10 11 12												UNITAS LASSLAN 93											
Profession / Occupation												City												State				Zip							
SINAI TELAVIV												DEURNE - ANTWERP												BELGIUM				2100							
Hotel												Country												Phone No.											
SINAI TELAVIV												BELGIUM																							

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Arrival 217189 Airline & Flight No.                      Date                      Time of Arrival                     

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Departure                      Airline & Flight No.                      Date                      Time of Departure                     

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

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To be Completed by Head of Family

ACCOMPANIED BY:

GOIE etc

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Signature                     

Date                     

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

Entry Form by Name

\*\* NOC

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2	0	5	8	3
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V.I.P.

Family Name												First Name												Date of birth			Sex		Food Type *						
DANZE - ASSELMAN												ALINE												Day Month Year			F M		01 - REGULAR 02 - VEGETARIAN						
Passport No.												Participation At Previous Maccabiot *												Address (No. - Street - Apt)											
S 746605												01 02 03 04 05 06 07 08 09 10 11 12												UNITAS L A S L A A N 93											
Profession / Occupation												City												State						Zip					
SINAI TEL AVIV												DEURNE - ANTWERP												BELGIUM						2100					
Hotel												Country												Phone No.											
SINAI TEL AVIV												BELGIUM																							

Arrival 217189 Airline & Flight No. 217189 Date            Time of Arrival           

Departure            Airline & Flight No.            Date            Time of Departure           

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

Name	Sport	**

To be Completed by Head of Family

ACCOMPANIED BY:

GORE NER

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Signature

Date

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

Entry Form by Name

\*\* NOC

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2	0	5	8	3
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V.I.P.

Family Name												First Name												Date of birth Day Month Year			Sex F M		Food Type *						
DANZE - NISSELMAN												ALINE												15 08 23			X		01 - REGULAR 02 - VEGETARIAN						
Passport No.												Participation At Previous Maccabiot *												Address (No. - Street - Apt)											
5 246605												01 02 03 04 05 06 07 08 09 10 11 12												UNITAS LASHLAN 93											
Profession / Occupation												City												State						Zip					
												DEURVE - ANTWERP												BELGIUM						2100					
Hotel												Country												Phone No.											
SINAI TELAVIV												BELGIUM																							

Arrival 212179                                            
Airline & Flight No. Date Time of Arrival

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Departure                                                                 
Airline & Flight No. Date Time of Departure

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


To be Completed by Head of Family

ACCOMPANIED BY:

Gail Reic

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Signature

Date

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

### Entry Form by Name

\*\* NOC

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2	0	5	8	3
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V.I.P.

Family Name												First Name												Date of birth Day Month Year			Sex F M		Food Type *						
DANZE - HASELHAW												ALINE												15 08 23			X		01 - REGULAR 02 - VEGETARIAN						
Passport No.												Participation At Previous Maccabiot *												Address (No. - Street - Apt)											
5 746 605												01 02 03 04 05 06 07 08 09 10 11 12												UNITAS LASHAW 93											
Profession / Occupation												City												State						Zip					
SINAI TELAVIV												DEURNE - ANTWERP												BELGIUM						2100					
Hotel												Country												Phone No.											
SINAI TELAVIV												BELGIUM																							

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Arrival 212 179                                            
Airline & Flight No. Date Time of Arrival

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Departure                                                                 
Airline & Flight No. Date Time of Departure

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

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To be Completed by Head of Family

ACCOMPANIED BY:

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Signature

Date

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

Entry Form by Name

\*\* NOC

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2	0	5	3	5
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V.I.P.

Family Name												First Name												Date of birth			Sex		Food Type *																		
CAESENS												JEAN-YVES												Day Month Year			F M		01 - REGULAR 02 - VEGETARIAN																		
200658												X																																			
Passport No.												Participation At Previous Maccabiot *												Address (No. - Street - Apt)																							
657722												01 02 03 04 05 06 07 08 09 10 11 12												7, AV. ED. MESENS																							
Profession / Occupation												City												State												Zip											
Délégué Commercial												1040												BRUXELLES																							
Hotel												Country												Phone No.																							
S												BELGIQUE												02/7364833																							

Arrival \_\_\_\_\_ Date \_\_\_\_\_ Time of Arrival \_\_\_\_\_

Airline & Flight No.

**				
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Departure \_\_\_\_\_ Date \_\_\_\_\_ Time of Departure \_\_\_\_\_

Airline & Flight No.

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

Name

Sport

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To be Completed by Head of Family

ACCOMPANIED BY:

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Signature

Date

19/06/89

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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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20 318



Family Name												First Name												Date of birth			Sex		Food Type *						
A R B A I T M A N												M A R C O S												Day Month Year			F M		01 - REGULAR 02 - VEGETARIAN						
2 7 1 2 3 5												XX																							
Passport No.												Participation At Previous Maccabiot *												Address (No. - Street - Apt)											
C C 2 9 7 7 1 5												01 02 03 04 05 06 07 08 09 10 11 12												A V S A O L U I Z 1 6 5											
Profession / Occupation												City												State						Zip					
[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]												S A O P A U L O												S P						0 1 0 4 6					
Hotel												Country												Phone No.											
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2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12  
IMC-20

Arrival LY 396 29/6 23:05  
Airline & Flight No. Date Time of Arrival

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Departure                                                                 
Airline & Flight No. Date Time of Departure

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

[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]	[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
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Signature

To be Completed by Head of Family

ACCOMPANIED BY:

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[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]  
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Date

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# המכתב והחשבון

ישראל תשמי"ט ל' סיון - יתמוז 3-13.7.89

JACK TERPINS - משפחתו (חבר - IMC)  
מ"ח' - 30/6/89 - LY 358 מברקפורט  
בשעה 17:45

Jacqueline Terpins - VIP - 2

son: 2/7/89 - 2. 18' 12" 2/7/89

05,25 ipe - 3/8 LY

ROSITA KLAZ (ALAN BLAU -3)

KUSI 111  
1-7 - 2 פ'ח'נ'ת

1-7-2 100  
868 LUFTHANSA - 15, 10 1/2

ROSITA KLAR  
ALAN BLAUZ!  
← י' חתונה כ' - VIP

Tel Aviv  
הבנות החדשות  
מקום שיהיה  
צרכיכם  
ה.ר. -  
כחצ'סוף באותו  
השקט הפנימה  
אפקיטה

אברהם יצחק

illegan a Tel Aviv

0005

0115

Donita Klar y Alan B

Not





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

Entry Form by Name

\*\* NOC

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20	3	22
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V.I.P.

Family Name	First Name	Date of birth Day Month Year	Sex F M	Food Type *
BLAU	ALAN		X	01 - REGULAR 02 - VEGETARIAN
Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)		
	01 02 03 04 05 06 07 08 09 10 11 12	RUA HUNGRIA 1000		

Profession / Occupation

Hotel

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City State Zip

SÃO PAULO SÃO PAULO 01445

Country Phone No.

BRASIL 8144514

Arrival

LA 868 70A 1.7.89 15:10

Airline & Flight No. Date Time of Arrival

Departure

Airline & Flight No. Date Time of Departure

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

Name Sport


To be Completed by Head of Family

KLAR  
KLAR  
ACCOMPANIED BY:  
ROSITA 17.10.50 CC 374127



20	3	21

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

\*\*

20319



V.I.P.

Family Name												First Name												Date of birth Day Month Year			Sex F M		Food Type *						
EILATI												KEREN												180679			X		01 - REGULAR 02 - VEGETARIAN						
Passport No.												Participation At Previous Maccabiot *												Address (No. - Street - Apt)											
ED 118774												01 02 03 04 05 06 07 08 09 10 11 12												2VA HUNGRIA 1000											

Profession / Occupation

Hotel

Arrival

LH 868  
Airline & Flight No.

Date

1/7/89

15:10  
Time of Arrival

Departure

Airline & Flight No.

Date

Time of Departure

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

To be Completed by Head of Family

ACCOMPANIED BY:

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\*\*

Date

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

Entry Form by Name

\*\* NOC

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V.I.P.

Family Name												First Name												Date of birth Day Month Year			Sex F M		Food Type *						
EILATI												TAMMY												18 06 79			X		01 - REGULAR 02 - VEGETARIAN						
Passport No.												Participation At Previous Maccabiot *												Address (No. - Street - Apt)											
ED 118867												01 02 03 04 05 06 07 08 09 10 11 12												2VA HUNGBZIA 1000											

Profession / Occupation

Hotel

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Arrival

Airline & Flight No.

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Departure

Airline & Flight No.

Date

Time of Departure

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

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To be Completed by Head of Family

ACCOMPANIED BY:

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Date

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Signature





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

Entry Form by Name

\*\* NOC

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2	0	4	6	8
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V.I.P.

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

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Arrival 64323 7027 2/7 18:00  
Airline & Flight No. Date Time of Arrival

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Departure      
Airline & Flight No. Date Time of Departure

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

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To be Completed by Head of Family

ACCOMPANIED BY:

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Signature

Date

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Entry Form by Name

\*\* NOC

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2	0	4	6	7
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V.I.P.

Family Name												First Name												Date of birth			Sex		Food Type *						
E I Z E N B E R G												F A B I O												Day Month Year			F M		01 - REGULAR 02 - VEGETARIAN						
Passport No.												Participation At Previous Maccabiot *												Address (No. - Street - Apt)											
												01 02 03 04 05 06 07 08 09 10 11 12																							
Profession / Occupation												City												State			Zip								
Hotel												Country												Phone No.											
												B R A Z I L																							

Arrival LA 323 7027 2/7 18 00  
Airline & Flight No. Date Time of Arrival

To be Completed by Head of Family

Departure     
Airline & Flight No. Date Time of Departure

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

Name	Sport	**

ACCOMPANIED BY:


Signature

Date

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

### Entry Form by Name

\*\* NOC

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2	0	4	6	9
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V.I.P.

Family Name												First Name												Date of birth			Sex		Food Type *						
EIZENBERG												MOISES												Day Month Year			F M		01 - REGULAR 02 - VEGETARIAN						
Passport No.												Participation At Previous Maccabiot *												Address (No. - Street - Apt)											
												01 02 03 04 05 06 07 08 09 10 11 12																							
Profession / Occupation												City												State						Zip					
Hotel												Country												Phone No.											
7027												BR 021L																							

Arrival 14323 2/7 1800  
Airline & Flight No. Date Time of Arrival

Departure 14323 2/7 1800  
Airline & Flight No. Date Time of Departure

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

Name	Sport	**

To be Completed by Head of Family

ACCOMPANIED BY:

**				
**				
**				
**				
**				

Signature

Date

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

\* Please Circle The Applicable  
\*\* For Office Use Only





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

Entry Form by Name

\*\* NOC

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20325



V.I.P.

Family Name												First Name												Date of birth Day Month Year			Sex F M		Food Type *						
SCHNAIDER												IRIME												24 11 55			X		01 - REGULAR 02 - VEGETARIAN						
Passport No.												Participation At Previous Maccabiot *												Address (No. - Street - Apt)											
22 30 5008												01 02 03 04 05 06 07 08 09 10 11 12												RUA HUNGRIA 1000											

Profession / Occupation

Hotel

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Arrival

Airline & Flight No.

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ELAL 316

28/6

Date

21:00

Time of Arrival

City

State

Zip

SAO PAULO

SP

01445

Country

Phone No.

BRASIL

814-4514

To be Completed by Head of Family

ACCOMPANIED BY:

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Departure

Airline & Flight No.

Date

Time of Departure

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

Name

Sport

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Signature

Date

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\*\* For Office Use Only





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

Entry Form by Name

\*\* NOC

BRA

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20309



V.I.P.

Family Name	First Name	Date of birth Day Month Year	Sex F M	Food Type *
SCHNAIDER	MOISES	280828	X	01 - REGULAR 02 - VEGETARIAN
Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)		
CD455720	01 02 03 04 05 06 07 08 09 10 11 12	R HUNGRIA 1000		

Profession / Occupation	Hotel	Arrival	Date	Time of Arrival
ECOMISTA	MORIAH PLAZA	4316	02/07	18:00
**	**	**	**	**
Airline & Flight No.		Time of Arrival		
L4323		24:00		

City	State	Zip
SAO PAULO	C	
Country	Phone No.	
BRASIL		

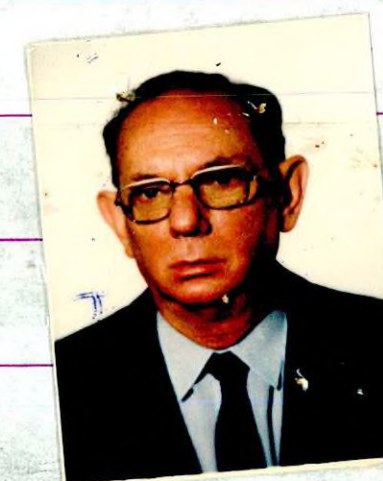
Departure	Date	Time of Departure
Airline & Flight No.	Date	Time of Departure

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


Signature

To be Completed by Head of Family

ACCOMPANIED BY:



**				
**				
**				
**				
**				

Date

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989  
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\* Please Circle The Applicable  
\*\* For Office Use Only





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

Entry Form by Name

\*\* NOC

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20317



V.I.P.

Family Name										First Name										Date of birth Day Month Year			Sex F M		Food Type *														
TERPINS <del>LEON</del>										JACK										1048			X		01 - REGULAR 02 - VEGETARIAN														
Passport No.										Participation At Previous Maccabiot *										Address (No. - Street - Apt)																			
CC 435569										01 02 03 04 05 06 07 08 09 10 11 12										RUA HUNGRIA 1000																			
Profession / Occupation										City										State										Zip									
										SÃO PAULO										SÃO PAULO										001445									
Hotel										Country										Phone No.																			
SHERATON										BRASIL										8144514																			

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20

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SH

IMC  
20

Arrival 358 ELAL 7307 30/6

14:45  
Time of Arrival

To be Completed by Head of Family

Airline & Flight No.   
Date

Departure   
Airline & Flight No.   
Date

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

Time of Departure

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ACCOMPANIED BY:

MICHEL 18.07.77 CC977867

RODRIGO 12.04.73 CC976579

RAFAEL 18.09.75

TANIA 22.11.77

JACQUELINE 25.04.50

DENISE CB473220

TICIANA 10.12.75 CC940698

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20310

95

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20312

95

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20312

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20313

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20314

92

20315

58

20316

95

Signature

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

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\* Please Circle The Applicable

\*\* For Office Use Only

20316



COLOMBIA  
CANAD

CHILE





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

Entry Form by Name

\*\* NOC

CAN

\*\*

20327



Family Name												First Name												Date of birth			Sex		Food Type *																		
OBERLANDER												FRED B												Day Month Year 23 5 11			F M V		01 - REGULAR 02 - VEGETARIAN																		
Passport No.												Participation At Previous Maccabiot *												Address (No. - Street - Apt)																							
NEW PASSPORTS PREPARATION												01 02 03 04 05 06 07 08 09 10 11 12 V V V V V V V V V V V V												MACDONALD AV 5500 #405																							
Profession / Occupation												City												State						Zip																	
Co. DIRECTOR												MONTREAL												H3X 2W5																							
Hotel												Country												Phone No.																							
KFAR MACCABIAH												CANADA												QUEBEC 514 4849444																							
Arrival												Date												Time of Arrival												To be Completed by Head of Family											
29th JUNE 1989												14:55																								ACCOMPANIED BY:											
Airline & Flight No.												CANADIAN TEAM CHARTER																								ALICE OBERLANDER											
ELAL																																				MYRIAH WIFE											
Departure												Date												Time of Departure												ALSO A FRIEND											
ELAL																																				DAVID B. GOODMAN											
If Family Members are Athletes or part of a Delegation please give details:																																				RR2 Box 476											
Name												Sport																								HANOVER INDIANA 47243											
F. O'Leary																																				phone (812) 273 6281											
Signature																																				3 June 1989											
																																				Date											

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989  
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\* Please Circle The Applicable  
\*\* For Office Use Only









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

Entry Form by Name

\*\* NOC

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2	0	4	3	3
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V.I.P.

Family Name												First Name												Date of birth Day Month Year			Sex F M		Food Type * 01 - REGULAR 02 - VEGETARIAN						
ATKINS												MARTIN																							
Passport No.												Participation At Previous Maccabiot *												Address (No. - Street - Apt)											
RKH11016												01 02 03 04 05 06 07 08 09 10 11 12												249 WARREN ROAD											
Profession / Occupation												City												State						Zip					
												TORONTO												ONT						M4V2S7					
Hotel SHERATON												Country												Phone No.											
												CANADA																							

Profession / Occupation

Hotel SHERATON

Arrival EL-A

Airline & Flight No.

29.6.89

Date

Time of Arrival

To be Completed by Head of Family

Departure AITALIA 747

Airline & Flight No.

17.7.89

Date

18:25

Time of Departure

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

Name

Sport

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ACCOMPANIED BY: PASSPORT

FLORINE (WIFE-42) KS159912

LARA (child-17) RKH11015

JANA ( " - 15) KS159912

LUCAS ( " - 10) KS159912

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Signature

Date

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

Please attach an identity photo to this entry form.

\* Please Circle The Applicable  
\*\* For Office Use Only



20672

## V.I.P. INDIVIDUAL REGISTRATION FORM

NAME Levinsky Susan <sup>Being Renewed</sup> RK 000 647  
SURNAME FIRST PASSPORT NO.ADDRESS 77 Finch Ave E #911  
North York, Ont M2N 6H8

POSITION IN MOVEMENT \_\_\_\_\_

DATE OF ARRIVAL June 29 018 7:30  
FLIGHT NO. HOURHOTEL BLANCKA NO. OF ROOMS 1

SINGLE \_\_\_\_\_ DOUBLE \_\_\_\_\_ SHARE WITH \_\_\_\_\_

DATE OF DEPARTURE July 16 009 2:30  
FLIGHT NO. HOURRENT A CAR \_\_\_\_\_  
DATE TYPE PICK UP AT:

ACCOMPANIED BY (Please give details and list ages of children)

NAME	RELATIONSHIP	AGE	PASSPORT/ID. NO.
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

IF FAMILY MEMBERS ARE ATHLETES, PLEASE GIVE DETAILS

<u>Stuart Levinsky</u>	<u>Basket Ball</u>
NAME	SPORT
_____	_____
_____	_____

IF FAMILY MEMBERS ARE PART OF A DELEGATION, PLEASE GIVE DETAILS

_____	_____
NAME	SPORT
_____	_____

PASSPORT PHOTO: Please attach one for each family member registered

DEPOSIT PAID: \$ 300 us. AMOUNT DUE: \$ \_\_\_\_\_



20405  
~~2050~~  
 V.I.P. INDIVIDUAL REGISTRATION FORM

NAME Yngerman Irving NW599497-2  
 SURNAME FIRST PASSPORT NO.  
 ADDRESS 2600 Bathurst St, Apt. PH  
Toronto, Ontario M6B2Z4  
 POSITION IN MOVEMENT Honorary Vice President  
 DATE OF ARRIVAL June 29/89 018  
 FLIGHT NO. HOUR  
 HOTEL Zel Arer Hilton NO. OF ROOMS Five  
 SINGLE 5 DOUBLE 5 SHARE WITH  
 DATE OF DEPARTURE July 16, 1989 391 9:30  
 FLIGHT NO. HOUR  
 RENT A CAR  
 DATE TYPE PICK UP AT:

ACCOMPANIED BY (Please give details and list ages of children)

NAME	RELATIONSHIP	AGE	PASSPORT/ID. NO.
Mrs. Shelley Sukerman	<del>to</del>	42	RK 427595
Dr. Sydney Sukerman		42	RK 4275-97
Master Darren Sukerman		15	KF 104221
Miss Lauren Sukerman		12	RK 427599

(over)

IF FAMILY MEMBERS ARE ATHLETES, PLEASE GIVE DETAILS

NAME SPORT

IF FAMILY MEMBERS ARE PART OF A DELEGATION, PLEASE GIVE DETAILS

NAME SPORT

PASSPORT PHOTO: Please attach one for each family member registered

DEPOSIT PAID: \$ \_\_\_\_\_ AMOUNT DUE: \$ \_\_\_\_\_



Mr. Howard Ungerman 39  
Mrs. Judi Ungerman 33  
Miss Mimi Ungerman 28 U.S.-25798722  
Mr. David Seave 28 U.S.-032872510  
Mrs. Sylvia Ungerman 65 U.S.-Z 4767136



06/07/89

17:41

514 748 0300

20406

106 AVENUE ROAD

002

## V.I.P. INDIVIDUAL REGISTRATION FORM

NAME LITWIN FREDERICK SH269959  
SURNAME FIRST PASSPORT NO.

ADDRESS 106 AVENUE ROAD  
TORONTO ONTARIO M5R 2H3

POSITION IN MOVEMENT DIRECTOR

DATE OF ARRIVAL JUNE 29/89 ELAL 018 06:55  
FLIGHT NO. HOUR

HOTEL SHERATON, TEL AVIV NO. OF ROOMS 1

SINGLE     DOUBLE ✓ SHARE WITH WIFE, RONNIE LITWIN

DATE OF DEPARTURE JULY 7/89 ELAL 385 09:00  
FLIGHT NO. HOUR

RENT A CAR                          
DATE TYPE PICK UP AT:

ACCOMPANIED BY (Please give details and list ages of children)

NAME	RELATIONSHIP	AGE	PASSPORT/ID, NO.
<u>RONNIE LITWIN</u>	<u>WIFE</u>	<u>47</u>	

IF FAMILY MEMBERS ARE ATHLETES, PLEASE GIVE DETAILS

NAME	SPORT

IF FAMILY MEMBERS ARE PART OF A DELEGATION, PLEASE GIVE DETAILS

<u>RISA LITWIN</u>	<u>GYMNASTICS</u>
NAME	SPORT

PASSPORT PHOTO: Please attach one for each family member registered

DEPOSIT PAID: \$    

AMOUNT DUE: \$



# V.I.P. INDIVIDUAL REGISTRATION FORM

NAME Smith Diane RK599024  
SURNAME FIRST PASSPORT NO.

ADDRESS # 210 - 517 Albert Street  
Estevan, Sask. S4A 2E3

POSITION IN MOVEMENT Spectator

DATE OF ARRIVAL June 29<sup>th</sup>/89 unknown at present  
FLIGHT NO. \_\_\_\_\_ HOUR \_\_\_\_\_

HOTEL Sinai NO. OF ROOMS 1

SINGLE Y DOUBLE \_\_\_\_\_ SHARE WITH \_\_\_\_\_

DATE OF DEPARTURE July 17/89 unknown at present  
FLIGHT NO. \_\_\_\_\_ HOUR \_\_\_\_\_

RENT A CAR \_\_\_\_\_  
DATE TYPE PICK UP AT:

ACCOMPANIED BY (Please give details and list ages of children)

David Rosenbaum	Friend	29	7K599023
NAME	RELATIONSHIP	AGE	PASSPORT/ID. NO.

IF FAMILY MEMBERS ARE ATHLETES, PLEASE GIVE DETAILS

NAME David Rosenbaum SPORT 10-Pin Bowling 2971

IF FAMILY MEMBERS ARE PART OF A DELEGATION, PLEASE GIVE DETAILS

NAME \_\_\_\_\_ SPORT \_\_\_\_\_

PASSPORT PHOTO: Please attach one for each family member registered

DEPOSIT PAID: \$ \$300.00 U.S. AMOUNT DUE: \$ \_\_\_\_\_  
(money order mailed around June 1/89)



20665

## V.I.P. INDIVIDUAL REGISTRATION FORM

NAME VERNON CATHERINE SUSAN KF521338  
SURNAME FIRST PASSPORT NO.

ADDRESS 12192 NORTHPARK CRESCENT,  
SURREY, BC, V3W 0E9

POSITION IN MOVEMENT WIFE OF ATHLETE

DATE OF ARRIVAL JUNE 29, 1989 - CANADIAN TEAM FLT.  
FLIGHT NO. HOUR

HOTEL CARLTON NO. OF ROOMS 1

SINGLE ☒ DOUBLE N/A SHARE WITH N/A

DATE OF DEPARTURE JULY 23, 1989 \* HAVE NOT RECEIVED TICKET  
FLIGHT NO. HOUR

RENT A CAR NO N/A N/A N/A  
DATE TYPE PICK UP AT:

ACCOMPANIED BY (Please give details and list ages of children)

N/A  
NAME RELATIONSHIP AGE PASSPORT/ID. NO.

N/A

IF FAMILY MEMBERS ARE ATHLETES, PLEASE GIVE DETAILS

PHILLIP VERNON - RUGBY - 2857  
NAME SPORT

IF FAMILY MEMBERS ARE PART OF A DELEGATION, PLEASE GIVE DETAILS

N/A  
NAME SPORT

PASSPORT PHOTO: Please attach one for each family member registered

DEPOSIT PAID \$ \_\_\_\_\_ AMOUNT DUE: \$ \_\_\_\_\_

IN FULL BY MONEY ORDER BY PHILLIP  
VERNON TO SANDY FELDMAN.



PASSPORT  
PASSEPORT

Passport No./N° de passeport

## CAN

SH 545627

SCHWALM

**Given names/Prénoms**

WILLIAM GEORGE

Nationality/Nationalité

CANADIAN / CANADIENNE

Date of birth/Date de naissance

20 MAY / MAI 31

**Sex/Sexe**

Place of birth/Lieu de naissance

M

TORONTO CAN

Date of issue/Date de délivrance

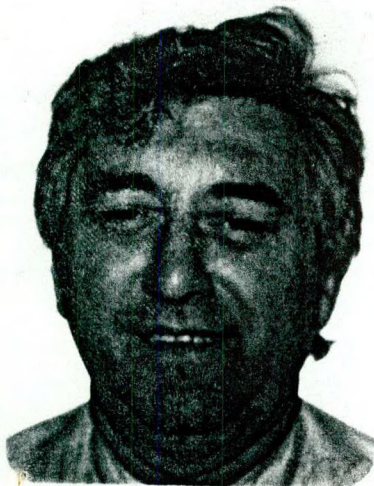
Issuing office/Bureau de délivrance

04 MAY /MAI 87

HULL

Date of expiry/Date d'expiration

04 MAY /MAI 92



P<CANSCHWALM<<WILLIAM<GEORGE<<<<<<<<<<<<<<<<<<<

SH545627<6CAN3105205M9205048<<<<<<<</>>>>>>>>



V.I.P. INDIVIDUAL REGISTRATION FORM

20664

NAME \_\_\_\_\_

Schwamm

Bill

SURNAME

FIRST

PASSPORT NO. \_\_\_\_\_

ADDRESS \_\_\_\_\_



POSITION IN MOVEMENT \_\_\_\_\_

DATE OF ARRIVAL \_\_\_\_\_

FLIGHT NO. \_\_\_\_\_

HOUR \_\_\_\_\_

HOTEL \_\_\_\_\_

NO. OF ROOMS \_\_\_\_\_

SINGLE \_\_\_\_\_

DOUBLE \_\_\_\_\_

SHARE WITH \_\_\_\_\_

DATE OF DEPARTURE \_\_\_\_\_

FLIGHT NO. \_\_\_\_\_

HOUR \_\_\_\_\_

RENT A CAR \_\_\_\_\_

DATE \_\_\_\_\_

TYPE \_\_\_\_\_

PICK UP AT: \_\_\_\_\_

ACCOMPANIED BY (Please give details and list ages of children)

NAME

RELATIONSHIP

AGE

PASSPORT/ID. NO.

IF FAMILY MEMBERS ARE ATHLETES, PLEASE GIVE DETAILS

NAME

SPORT

IF FAMILY MEMBERS ARE PART OF A DELEGATION, PLEASE GIVE DETAILS

NAME

SPORT

PASSPORT PHOTO: Please attach one for each family member registered

DEPOSIT PAID: \$ \_\_\_\_\_

AMOUNT DUE: \$ \_\_\_\_\_



20663

NAME Donaldson, Mary Jane

SURNAME

FIRST

No. to come

PASSPORT NO.

ADDRESS 844 Mount Pleasant RoadToronto, Ontario M4P 2L3

POSITION IN MOVEMENT

DATE OF ARRIVAL June 29/89

E1 A1 018

FLIGHT NO.

0655  
07:30 a.m.  
HOURHOTEL Grand Beach HotelNO. OF ROOMS 1SINGLE X DOUBLE SHARE WITHDATE OF DEPARTURE July 7, 1989Air France 13077:25 a.m.

FLIGHT NO.

HOUR

RENT A CAR

DATE

TYPE

PICK UP AT:

ACCOMPANIED BY (Please give details and list ages of children)

RELATIONSHIP

AGE

PASSPORT/ID. NO.



IF FAMILY MEMBERS ARE ATHLETES, PLEASE GIVE DETAILS

NAME

SPORT

IF FAMILY MEMBERS ARE PART OF A DELEGATION, PLEASE GIVE DETAILS

NAME

SPORT

PASSPORT PHOTO: Please attach one for each family member registered

DEPOSIT PAID: \$

AMOUNT DUE: \$



06/12/89 15:51 ☎514 748 0300

20661



V.I.P. INDIVIDUAL REGISTRATION FORM

NAME JAYME GORDON REDAINE PK712806  
SURNAME FIRST PASSPORT NO.

ADDRESS 67 CARRINGTON DRIVE, RICHMOND HILL, ONTARIO, L4C 8A5

POSITION IN MOVEMENT \_\_\_\_\_

DATE OF ARRIVAL \_\_\_\_\_ FLIGHT NO. \_\_\_\_\_ HOUR \_\_\_\_\_

HOTEL GRAND BEACH NO. OF ROOMS 1

SINGLE \_\_\_\_\_ DOUBLE X SHARE WITH MOTHER

DATE OF DEPARTURE JUNE 28/89 FLIGHT NO. \_\_\_\_\_ HOUR \_\_\_\_\_

RENT A CAR \_\_\_\_\_ DATE \_\_\_\_\_ TYPE \_\_\_\_\_ PICK UP AT: \_\_\_\_\_

ACCOMPANIED BY (Please give details and list ages of children)

<u>REDAINE</u> JAYME GORDON	SON	13	RK712808
NAME	RELATIONSHIP	AGE	PASSPORT/ID. NO.
KEVIN GORDON	SON	14	RK712807

IF FAMILY MEMBERS ARE ATHLETES, PLEASE GIVE DETAILS

JAYME GORDON	SWIMMING
NAME	SPORT

IF FAMILY MEMBERS ARE PART OF A DELEGATION, PLEASE GIVE DETAILS

KEVIN GORDON	SWIMMING
NAME	SPORT

PASSPORT PHOTO: Please attach one for each family member



06/12/89 15:51 514 748 0300

20662

001

V.I.P. INDIVIDUAL REGISTRATION FORM

NAME GORDON ELAINE RK712806  
SURNAME FIRST PASSPORT NO.

ADDRESS 67 CARRINGTON DRIVE, RICHMOND HILL, ONTARIO, L4C 8A5

POSITION IN MOVEMENT \_\_\_\_\_

DATE OF ARRIVAL \_\_\_\_\_ FLIGHT NO. \_\_\_\_\_ HOUR \_\_\_\_\_

HOTEL GRAND BEACH NO. OF ROOMS 1

SINGLE \_\_\_\_\_ DOUBLE X SHARE WITH SON

DATE OF DEPARTURE JUNE 28/89 FLIGHT NO. \_\_\_\_\_ HOUR \_\_\_\_\_

RENT A CAR \_\_\_\_\_ DATE \_\_\_\_\_ TYPE \_\_\_\_\_ PICK UP AT: \_\_\_\_\_

ACCOMPANIED BY (Please give details and list ages of children)

<u>JAYME GORDON</u>	<u>SON</u>	<u>13</u>	<u>RK712808</u>
NAME	RELATIONSHIP	AGE	PASSPORT/ID. NO.
<u>KEVIN GORDON</u>	<u>SON</u>	<u>14</u>	<u>RK712807</u> <u>4212</u>
NAME	RELATIONSHIP	AGE	PASSPORT/ID. NO.

IF FAMILY MEMBERS ARE ATHLETES, PLEASE GIVE DETAILS

<u>JAYME GORDON</u>	<u>SWIMMING</u>
NAME	SPORT

IF FAMILY MEMBERS ARE PART OF A DELEGATION, PLEASE GIVE DETAILS

<u>KEVIN GORDON</u>	<u>SWIMMING</u>
NAME	SPORT

PASSPORT PHOTO: Please attach one for each family member registered



20674

V.I.P. INDIVIDUAL REGISTRATION FORM

POSITION IN MOVEMENT ML

DATE OF ARRIVAL JUNE 29/59 EL AL 018 0730  
FLIGHT NO. HOUR

SINGLE ☒ DOUBLE ☒ SHARE WITH ☒

DATE OF DEPARTURE JULY 31/89 EL AL 009 FLIGHT NO. C230 HOUR

RENT A CAR		DATE	TYPE	PICK UP AT:
1	2	3	4	5
6	7	8	9	10
11	12	13	14	15
16	17	18	19	20
21	22	23	24	25
26	27	28	29	30
31	32	33	34	35
36	37	38	39	40
41	42	43	44	45
46	47	48	49	50
51	52	53	54	55
56	57	58	59	60
61	62	63	64	65
66	67	68	69	70
71	72	73	74	75
76	77	78	79	80
81	82	83	84	85
86	87	88	89	90
91	92	93	94	95
96	97	98	99	100

ACCOMPANIED BY (Please give details and list ages of children)

NAME	RELATIONSHIP	AGE	PASSPORT/ID. NO.
ARTHUR KRAUS	Father	34	AE 576215
RACHEL KRAUS	Mother	31	EJ838431
ILANA KRAUS	Sister	3	EJ838431
SASHA KRAUS	Sister	1	EJ838431

ILY MEMBERS ARE ATHLETES, PLEASE GIVE DETAILS

IF MEMBERS ARE PART OF A DELEGATION, PLEASE GIVE DETAILS

PASSPORT PHOTO: Please attach one for each family member registered





20675

## V.I.P. INDIVIDUAL REGISTRATION FORM

NAME KRAUS IRANA CAADAE EJ838431  
 SURNAME FIRST PASSPORT NO.

ADDRESS 114 LORA SEATON  
WILLOWDALE ONT M2P1K9

POSITION IN MOVEMENT NIL

DATE OF ARRIVAL JUNE 29/89 ELAL 809 07130  
 FLIGHT NO. HOUR

HOTEL / NO. OF ROOMS

SINGLE    DOUBLE    SHARE WITH   

DATE OF DEPARTURE JULY 31/89 ELAL 809 1130  
 FLIGHT NO. HOUR

RENT A CAR              
 DATE TYPE PICK UP AT:

ACCOMPANIED BY (Please give details and list ages of children)

NAME	RELATIONSHIP	AGE	PASSPORT/ID. NO.
ARTHUR KRAUS	Father	34	KE576215
RACHEL KRAUS	Mother	31	EJ838431
SAMARA KRAUS	Sister	5	EJ838431
SASHA KRAUS	Sister	1	EJ838431

Y MEMBERS ARE ATHLETES, PLEASE GIVE DETAILS

NAME	SPORT

Y MEMBERS ARE PART OF A DELEGATION, PLEASE GIVE DETAILS

NAME	SPORT

PASSPORT PHOTO: Please attach one for each family member registered

DEPOSIT PAID: \$    AMOUNT DUE: \$   





20676

## V.I.P. INDIVIDUAL REGISTRATION FORM

NAME KRAUS RACHEL LORRAINE EJ 838431  
 SURNAME FIRST PASSPORT NO.

ADDRESS 114 LORD SEATON RD  
WILLOWDALE ONTARIO M2P 1K9

POSITION IN MOVEMENT ML

DATE OF ARRIVAL JUNE 29/89 EL AL 018 0730  
 FLIGHT NO. HOUR

HOTEL Rented a Villa NO. OF ROOMS       

SINGLE        DOUBLE        SHARE WITH       

DATE OF DEPARTURE JULY 31/89 EL AL 009 1130  
 FLIGHT NO. HOUR

RENT A CAR        DATE        TYPE        PICK UP AT:       

ACCOMPANIED BY (Please give details and list ages of children)

NAME	RELATIONSHIP	AGE	PASSPORT/ID. NO.
ARTHUR M. KRAUS	Husband	34	KF576215
Samara T. KRAUS	Daughter	5	EJ838431
Ilana C. KRAUS	Daughter	3	EJ838431
SASHA L. KRAUS	Daughter	1	EJ838431

IF FAMILY MEMBERS ARE ATHLETES, PLEASE GIVE DETAILS

NAME	SPORT

IF FAMILY MEMBERS ARE PART OF A DELEGATION, PLEASE GIVE DETAILS

NAME	SPORT

PASSPORT PHOTO: Please attach one for each family member

DEPOSIT PAID: \$        AMOUNT DUE: \$       





20677

## V.I.P. INDIVIDUAL REGISTRATION FORM

NAME KRAUS ARTHUR MITCHELL KE5762LS  
SURNAME FIRST PASSPORT NO.

ADDRESS 114 LORD SEATON  
WILLOWDALE ONT M2P 1K9

POSITION IN MOVEMENT OFFICIAL SUPPLIER

DATE OF ARRIVAL JUNE 29/89 ELAL 018 0730  
FLIGHT NO. HOUR

HOTEL \_\_\_\_\_ NO. OF ROOMS \_\_\_\_\_

SINGLE \_\_\_\_\_ DOUBLE \_\_\_\_\_ SHARE WITH \_\_\_\_\_

DATE OF DEPARTURE JULY 31 ELAL 169 1:30  
FLIGHT NO. HOUR

RENT A CAR \_\_\_\_\_

DATE

TYPE

PICK UP AT:

ACCOMPANIED BY (Please give details and list ages of children)

NAME	RELATIONSHIP	AGE	PASS RT/ID. NO.
<u>RACHEL KRAUS</u>	<u>Wife</u>	<u>31</u>	<u>EJ838431</u>
<u>SAMIRA KRAUS</u>	<u>daughter</u>	<u>5</u>	<u>EJ838431</u>
<u>ILANA KRAUS</u>	<u>daughter</u>	<u>3</u>	<u>EJ838431</u>
<u>SASHA KRAUS</u>	<u>daughter</u>	<u>1</u>	<u>EJ838431</u>

IF FAMILY MEMBERS ARE ATHLETES, PLEASE GIVE DETAILS

NAME	SPORT
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FAMILY MEMBERS ARE PART OF A DELEGATION, PLEASE GIVE DETAILS

NAME	SPORT
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PASSPORT PHOTO: Please attach one for each family member registered

DEPOSIT PAID: \$ \_\_\_\_\_ AMOUNT DUE: \$ \_\_\_\_\_







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

Entry Form by Name

\*\* NOC

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2	0	5	5	4
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V.I.P.

Family Name												First Name												Date of birth Day Month Year			Sex F M		Food Type *						
SMITH												KRISTINA															X		01 - REGULAR 02 - VEGETARIAN						
Passport No.												Participation At Previous Maccabiot *												Address (No. - Street - Apt)											
KF170550												01 02 03 04 05 06 07 08 09 10 11 12												150 BALMORAL AVE SUITE 403											
Profession / Occupation												City												State						Zip					
												TORONTO																							
Hotel												Country												Phone No.											
												CAN																							

Arrival 28/6 Date Time of Arrival

Airline & Flight No.

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Departure 16/7 Date Time of Departure

Airline & Flight No.

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

Name

Sport

ROBERT SMITH

RUGBY

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2	8	6	2
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To be Completed by Head of Family

ACCOMPANIED BY:

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Signature

Date

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

\* Please Circle The Applicable  
\*\* For Office Use Only





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

### Entry Form by Name

\*\* NOC

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20443



V.I.P.

Family Name												First Name												Date of birth Day Month Year			Sex F M		Food Type *						
JACOBSON												CARRIE															X		01 - REGULAR 02 - VEGETARIAN						
Passport No.												Participation At Previous Maccabiot *												Address (No. - Street - Apt)											
NW102545												01 02 03 04 05 06 07 08 09 10 11 12												360 RIDELLE AV. APT. 2214											
Profession / Occupation												City												State						Zip					
												TORONTO												ONTARIO						M6B1K1					
Hotel												Country												Phone No.											
												CANADA																							

Arrival 28.6.89 Date Time of Arrival

Airline & Flight No.

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Departure 16.7.89 Date Time of Departure

Airline & Flight No.

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

Name

Sport

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To be Completed by Head of Family

ACCOMPANIED BY:

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Signature

Date

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

Entry Form by Name

\*\* NOC

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2	0	4	4	5
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V.I.P.

Family Name												First Name												Date of birth Day Month Year			Sex F M		Food Type *						
JAMES												MICHAEL																	01 - REGULAR 02 - VEGETARIAN						
Passport No.												Participation At Previous Maccabiot *												Address (No. - Street - Apt)											
LG494969												01 02 03 04 05 06 07 08 09 10 11 12												3333 SW HARINE DRIVE											
Profession / Occupation												City												State						Zip					
												VANCOUVER												BC						V6N348					
Hotel												Country												Phone No.											
												CANADA																							

Arrival EL-AL Ly 318 7026 2.7.89 5:15 AM  
Airline & Flight No. Date Time of Arrival

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Departure     
Airline & Flight No. Date Time of Departure

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

Name	Sport	**
MARK JAMES		

To be Completed by Head of Family

ACCOMPANIED BY:

**				
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**				

Signature

Date

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

Entry Form by Name

\*\* NOC

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2	0	4	4	2
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V.I.P.

Family Name												First Name												Date of birth Day Month Year			Sex F M		Food Type * 01 - REGULAR 02 - VEGETARIAN																		
EKLOVE												DEBRA															X																				
Passport No.												Participation At Previous Maccabiot *												Address (No. - Street - Apt)																							
SH948002												01 02 03 04 05 06 07 08 09 10 11 12												55 HARRISON ROAD																							
Profession / Occupation												City												State												Zip											
												WILLOWDALE												ONTARIO												M2L1V7											
Hotel												Country												Phone No.																							
RAMADA TEL-AVIV												CANADA																																			

Arrival 29.6.89 Date Time of Arrival

Airline & Flight No.

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Departure 16.7.89 Date Time of Departure

Airline & Flight No.

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

Name Sport  
BOB COHEN SOFTBALL

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To be Completed by Head of Family

ACCOMPANIED BY:

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Signature

Date

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

### Entry Form by Name

\*\* NOC

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20441



V.I.P.

Family Name												First Name												Date of birth Day Month Year			Sex F M		Food Type *						
STARR												ROSE															<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>		01 - REGULAR 02 - VEGETARIAN						
Passport No.												Participation At Previous Maccabiot *												Address (No. - Street - Apt)											
SH 785318												01 02 03 04 05 06 07 08 09 10 11 12												3555 COTE DES NEIGES 412											
Profession / Occupation												City												State						Zip					
												MONTREAL												QUE						H3H1V2					
Hotel <u>SHERATON</u>												Country												Phone No.											
												CANADA																							

Arrival 29.6.89 Date 29.6.89 Time of Arrival

Airline & Flight No.

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Departure Airline & Flight No.

Date

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

Name

Sport

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To be Completed by Head of Family

ACCOMPANIED BY:

ERNEST STARR PASS. 785329/20440

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Signature

Date

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

Entry Form by Name

\*\* NOC

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V.I.P.

Family Name												First Name												Date of birth Day Month Year			Sex F M		Food Type *						
GOLDSMITH												FRED																	01 - REGULAR 02 - VEGETARIAN						
Passport No.												Participation At Previous Maccabiot *												Address (No. - Street - Apt)											
LG101543												01 02 03 04 05 06 07 08 09 10 11 12												310 GENEVA CRESCENT											
Profession / Occupation												City												State						Zip					
												TOWN OF MT ROYAL												QUEBEC						2A9					
Hotel DAN CAESAREA												Country												Phone No.											
												CANADA																							

Arrival 28/29.6.? Date Time of Arrival

Airline & Flight No.

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Departure 16.7.89 Date Time of Departure

Airline & Flight No.

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

Name Sport  
DEBORAH GOLDSMITH GOLF

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To be Completed by Head of Family

ACCOMPANIED BY:

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Signature

Date

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\* Please Circle The Applicable  
\*\* For Office Use Only





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

### Entry Form by Name

\*\* NOC

CAN

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20622



V.I.P.

Family Name												First Name												Date of birth Day Month Year			Sex F M		Food Type *						
COHEN												TED																	01 - REGULAR 02 - VEGETARIAN						
Passport No.												Participation At Previous Maccabiot *												Address (No. - Street - Apt)											
RKS64717												01 02 03 04 05 06 07 08 09 10 11 12												621 WEST 51ST AVE											
Profession / Occupation												City												State						Zip					
												VANCOUVER BC																		V6P1B9					
Hotel												Country												Phone No.											
SAERATON												CAN																							

Arrival ☒ Airline & Flight No.  Date 29/6 Time of Arrival

Departure ☐ Airline & Flight No.  Date 16/7 Time of Departure

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

Name	Sport	**
GARY COHEN	RUGBY MANAGER	2874

To be Completed by Head of Family

ACCOMPANIED BY:

BABS RKS64718

\*\* 20620  
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Signature

Date

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Please attach an identity photo to this entry form.

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

### Entry Form by Name

\*\* NOC

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V.I.P.

Family Name												First Name												Date of birth Day Month Year			Sex F M		Food Type *						
DUPUIS-KALLOS												DIANE															X		01 - REGULAR 02 - VEGETARIAN						
Passport No.												Participation At Previous Maccabiot *												Address (No. - Street - Apt)											
KF715645												01 02 03 04 05 06 07 08 09 10 11 12												5207 BOURRET #2											
Profession / Occupation												City												State						Zip					
												MONTREAL												QUE											
Hotel												Country												Phone No.											
GRAND BEACH HOTEL												CANADA																							

Arrival EL-AL 26.6.89  
Airline & Flight No. Date Time of Arrival

Departure 16.7.89  
Airline & Flight No. Date Time of Departure

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

Name	Sport	**
GARRY KALLOS	WRESTLING COACH	2908

To be Completed by Head of Family

ACCOMPANIED BY:

GARRY KALLOS

**	5	6
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Signature

Date

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

Entry Form by Name

\*\* NOC

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20428



V.I.P.

Family Name												First Name												Date of birth Day Month Year			Sex F M		Food Type *						
ENGEL												JEFFREY																	01 - REGULAR 02 - VEGETARIAN						
Passport No.												Participation At Previous Maccabiot *												Address (No. - Street - Apt)											
KF255443												01 02 03 04 05 06 07 08 09 10 11 12												116 OLD FOREST HILL RD											
Profession / Occupation												City												State						Zip					
												TORONTO												ONTARIO						M5P2R9					
Hotel YAMIT TOWER												Country												Phone No.											
												CANADA																							

Arrival Airline & Flight No. Date Time of Arrival

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Departure Airline & Flight No. Date Time of Departure

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

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To be Completed by Head of Family

ACCOMPANIED BY:

SHEILA (WIFE) PASSP. ES 367246 20426  
JOSHUA (SON) PASSP. KF 255443 20427

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Signature

Date

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

\* Please Circle The Applicable  
\*\* For Office Use Only





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

Entry Form by Name

\*\* NOC

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2	0	6	2	3
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V.I.P.

Family Name												First Name												Date of birth Day Month Year			Sex F M		Food Type *						
EPSTEIN												IRVINE															X		01 - REGULAR 02 - VEGETARIAN						
Passport No.												Participation At Previous Maccabiot *												Address (No. - Street - Apt)											
GE800836												01 02 03 04 05 06 07 08 09 10 11 12												759 WEST SOUTH AVE											
Profession / Occupation												City												State						Zip					
(NETANYA)												VANCOUVER																		V6P1A4					
Hotel												Country												Phone No.											
												CAN																							

Arrival 24 318 7026 317 2/7 05.15  
Airline & Flight No. Date Time of Arrival

Departure L4315 7142 37 14/7 12 noon  
Airline & Flight No. Date Time of Departure

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

Name	Sport	**
MARK EPSTEIN	RUGBY	2853

To be Completed by Head of Family

ACCOMPANIED BY:

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**				

Signature

Date

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

### Entry Form by Name

\*\* NOC

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V.I.P.

Family Name												First Name												Date of birth Day Month Year			Sex F M		Food Type * 01 - REGULAR 02 - VEGETARIAN						
FINE												MIRIAM																							
Passport No. AMERICAN												Participation At Previous Maccabiot *												Address (No. - Street - Apt)											
25793550												01 02 03 04 05 06 07 08 09 10 11 12												21 MALTA AV											
Profession / Occupation												City												State						Zip					
												DDO												QUE						H9B2E6					
Hotel												Country												Phone No.											

Arrival 29.6.89 Date Time of Arrival

Airline & Flight No.

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Departure 20.7.89 Date Time of Departure

Airline & Flight No.



To be Completed by Head of Family

ACCOMPANIED BY:

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

Name Sport  
LEE FINE SWIMMING

4	1	9	6
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Signature

Date

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\* Please Circle The Applicable  
\*\* For Office Use Only





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

### Entry Form by Name

\*\* NOC

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20458



V.I.P.

Family Name												First Name												Date of birth Day Month Year			Sex F M		Food Type * 01 - REGULAR 02 - VEGETARIAN						
GARBER												ANN																							
Passport No.												Participation At Previous Maccabiot *												Address (No. - Street - Apt)											
EJ147726												01 02 03 04 05 06 07 08 09 10 11 12												706-229 CASSANDRA BLVD											
Profession / Occupation												City												State						Zip					
												DONMILLS												ONTARIO						M3A1V3					
Hotel												Country												Phone No.											
												CAN																							

Arrival 29/6 Date Time of Arrival

Airline & Flight No.

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Departure 16/7 Date Time of Departure

Airline & Flight No.

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

Name Sport

Jeff GARBER Rugby

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Signature

To be Completed by Head of Family

ACCOMPANIED BY:



*Ann Garber*

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Date

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\* Please Circle The Applicable  
\*\* For Office Use Only





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

Entry Form by Name

\*\* NOC

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V.I.P.

Family Name												First Name												Date of birth Day Month Year			Sex F M		Food Type *																		
GOLDBERG												JUDITH															X		01 - REGULAR 02 - VEGETARIAN																		
Passport No.												Participation At Previous Maccabiot *												Address (No. - Street - Apt)																							
EJ74482												01 02 03 04 05 06 07 08 09 10 11 12												930 WINWICK RD																							
Profession / Occupation												City												State												Zip											
MASTERS BRIDGE												HALIFAX																								B3H4LS											
Hotel												Country												Phone No.																							
CARLTON												CAN																																			

Arrival BA660 3/7 04.35  
Airline & Flight No. Date Time of Arrival

Departure BA 657 18/7 08.10  
Airline & Flight No. Date Time of Departure

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

Name	Sport	**
VICTOR GOLDBERG	BRIDGE	2970

To be Completed by Head of Family

ACCOMPANIED BY:

**				
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**				

Signature

Date

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

### Entry Form by Name

\*\* NOC

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V.I.P.

Family Name												First Name												Date of birth Day Month Year			Sex F M		Food Type *						
GOLDSILVER												RALPH																	01 - REGULAR 02 - VEGETARIAN						
Passport No.												Participation At Previous Maccabiot *												Address (No. - Street - Apt)											
KF156297												01 02 03 04 05 06 07 08 09 10 11 12												79 CRIMSON MILLWAY											
Profession / Occupation												City												State						Zip					
SHERATON												WILLOWDALE												ONTARIO						M2L1T8					
Hotel												Country												Phone No.											
**												CAN																							

Arrival \_\_\_\_\_ Date \_\_\_\_\_ Time of Arrival \_\_\_\_\_

Airline & Flight No.

**				
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Departure \_\_\_\_\_ Date \_\_\_\_\_ Time of Departure \_\_\_\_\_

Airline & Flight No.

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

Name

Sport

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2	8	2	3
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To be Completed by Head of Family

ACCOMPANIED BY:

PAM KF156298

MATTHEW

RYAN

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2	0	6	2	8
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2	0	6	2	9
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2	0	6	3	0
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Signature

Date

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

Please attach an identity photo to this entry form.

\* Please Circle The Applicable  
\*\* For Office Use Only





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

Entry Form by Name

\*\* NOC

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2	0	6	2	7
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V.I.P.

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

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
LG383315	01 02 03 04 05 06 07 08 09 10 11 12	352 BROOKE AVE

City	State	Zip
TORONTO		M3M2R2

Country	Phone No.
CAN	

Profession / Occupation \_\_\_\_\_

Hotel CARLTON

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Arrival \_\_\_\_\_

Airline & Flight No. \_\_\_\_\_

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Date 29/6 Time of Arrival 07:30

Departure \_\_\_\_\_

Airline & Flight No. \_\_\_\_\_

Date 16/7 Time of Departure \_\_\_\_\_

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

Name	Sport
------	-------

ERIK GOLDSILVER	swimming	** <table border="1"><tr><td>2</td><td>8</td><td>2</td><td>3</td></tr></table>	2	8	2	3
2	8	2	3			

To be Completed by Head of Family

ACCOMPANIED BY:

HELEN LG416129

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2	0	6	2	6
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Signature

Date

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

\* Please Circle The Applicable  
\*\* For Office Use Only





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

Entry Form by Name

\*\* NOC

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2	0	4	5	7
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V.I.P.

Family Name												First Name												Date of birth Day Month Year			Sex F M		Food Type *						
GREER												STEPHANIE																	01 - REGULAR 02 - VEGETARIAN						
Passport No.												Participation At Previous Maccabiot *												Address (No. - Street - Apt)											
												01 02 03 04 05 06 07 08 09 10 11 12												30 HAVENDALE ROAD											
Profession / Occupation												City												State						Zip					
												SCARBOROUGH																							
Hotel												Country												Phone No.											
												CANADA																							

Arrival \_\_\_\_\_ Date 28/6 Time of Arrival \_\_\_\_\_

Airline & Flight No.

**				
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Departure \_\_\_\_\_ Date 16/7 Time of Departure \_\_\_\_\_

Airline & Flight No.

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

Name

Sport

TOM GREER

BRIDGE

**	2	9	6	8
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To be Completed by Head of Family

ACCOMPANIED BY:

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Signature

Date

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

Please attach an identity photo to this entry form.

\* Please Circle The Applicable  
\*\* For Office Use Only





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

Entry Form by Name

\*\* NOC

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2	0	4	5	5
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V.I.P.

Family Name										First Name										Date of birth Day Month Year			Sex F M		Food Type *														
HARTMANGRUBER										MICHELE													X		01 - REGULAR 02 - VEGETARIAN														
Passport No. AMERICAN										Participation At Previous Maccabiot *										Address (No. - Street - Apt)																			
130064493										01 02 03 04 05 06 07 08 09 10 11 12										4866 COTE DE NIEGES 806																			
Profession / Occupation										City										State										Zip									
										MONTREAL										QUE																			
Hotel GRAND BEACH HOTEL										Country										Phone No.																			
										CANADA																													

Arrival 28.6.89 Date Time of Arrival

Airline & Flight No.

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Departure 31.7.89 Date Time of Departure

Airline & Flight No.

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

Name	Sport

**				
**				
**				

To be Completed by Head of Family

ACCOMPANIED BY:


**				
**				
**				
**				
**				

Signature

Date

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

Please attach an identity photo to this entry form.

\* Please Circle The Applicable  
\*\* For Office Use Only





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

### Entry Form by Name

\*\* NOC

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20454



V.I.P.

Family Name												First Name												Date of birth Day Month Year			Sex F M		Food Type *						
ITKOW												HELEN															X		01 - REGULAR 02 - VEGETARIAN						
Passport No. AMERICAN												Participation At Previous Maccabiot *												Address (No. - Street - Apt)											
Z5793549												01 02 03 04 05 06 07 08 09 10 11 12												672 AV DES PINS EST											
Profession / Occupation												City												State						Zip					
												ST SAUVER												QUER											
Hotel												Country												Phone No.											
												CANADA																							

Arrival 018 29.6.89 06:55  
Airline & Flight No. Date Time of Arrival

Departure 20.7.89  
Airline & Flight No. Date Time of Departure

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

Name	Sport	**
LEE FINE	Swimming	4196

To be Completed by Head of Family

ACCOMPANIED BY:

**				
**				
**				
**				
**				

Signature

Date

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

Please attach an identity photo to this entry form.

\* Please Circle The Applicable  
\*\* For Office Use Only





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

Entry Form by Name

\*\* NOC

\*\*

20452



V.I.P.

Family Name												First Name												Date of birth Day Month Year			Sex F M		Food Type *						
KIRSH												CINDY															X		01 - REGULAR 02 - VEGETARIAN						
Passport No.												Participation At Previous Maccabiot *												Address (No. - Street - Apt)											
												01 02 03 04 05 06 07 08 09 10 11 12												1001 BAY ST APT 2003											
Profession / Occupation												City												State						Zip					
												TORONTO												ON						M5S3A6					
Hotel												Country												Phone No.											
CARLTON												CANADA																							

Arrival 28.6. Date 28.6. Time of Arrival

Airline & Flight No. 28.6.

Departure 28.6. Date 28.6. Time of Departure

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

Name	Sport	**
STEPHEN AARONS	BRIDGE	4523
(SPOUSE)		

To be Completed by Head of Family

ACCOMPANIED BY:

**				
**				
**				
**				
**				

Signature

Date

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

\* Please Circle The Applicable  
\*\* For Office Use Only





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

### Entry Form by Name

\*\* NOC

CAN

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20268



V.I.P.

Family Name										First Name										Date of birth Day Month Year			Sex F M		Food Type * 01 - REGULAR 02 - VEGETARIAN				
LANG										HELEN													V		01 - REGULAR				
Passport No.										Participation At Previous Maccabiot *										Address (No. - Street - Apt)									
										01 02 03 04 05 06 07 08 09 10 11 12										33 LYNCREFT ROAD									
Profession / Occupation										City										State					Zip				
										MONTREAL										QUEBEC					H3X3E3				
Hotel										Country										Phone No.									
HOTEL SHERATON										CANADA										5147487711									

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58

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SH

Arrival EL AL 010 7279 27.6.89 0905  
Airline & Flight No. Date Time of Arrival

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Departure 14.7.89  
Airline & Flight No. Date Time of Departure

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

Name

Sport

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To be Completed by Head of Family

ACCOMPANIED BY:

NICKI LANG

JONATHAN LANG

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Signature

Date

IMK/oc vip - 3 שנים  
SPOUSE 58 - 3 שנים

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

Please attach an identity photo to this entry form.

\* Please Circle The Applicable

\*\* For Office Use Only



Entry Form by Name

\*\* NOC

CAN

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20262



V.I.P.

Family Name												First Name												Date of birth Day Month Year			Sex F M		Food Type *						
LANG												JONATHAN																	01 - REGULAR 02 - VEGETARIAN						
Passport No.												Participation At Previous Maccabiot *												Address (No. - Street - Apt)											
												01 02 03 04 05 06 07 08 09 10 11 12												33 LYNCREFT ROAD											
Profession / Occupation												City												State			Zip								
												MONTREAL												QUEBEC			H3X3E3								
Hotel												Country												Phone No.											
HOTEL SHERATON												CANADA												5147487711											

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91

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SH

Arrival EL AL 010 7279 27.6.89 0905  
Airline & Flight No. Date Time of Arrival

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Departure 14.7.89  
Airline & Flight No. Date Time of Departure

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

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To be Completed by Head of Family

ACCOMPANIED BY:

NICKI LANG  
HELEN LANG

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Signature

Date

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

\* Please Circle The Applicable  
\*\* For Office Use Only





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

Entry Form by Name

\*\* NOC

CAN

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20263



V.I.P.

Family Name										First Name										Date of birth			Sex		Food Type *														
LANG										NICKI										110538			F M		01 - REGULAR 02 - VEGETARIAN														
Passport No. CANADA EXP. 9/91										Participation At Previous Maccabiot *										Address (No. - Street - Apt)																			
LG 612799										01 02 03 04 05 06 07 08 09 10 11 12 000										33 LYN CROFT ROAD																			
Profession / Occupation										City										State										Zip									
BUSINESSMAN										MONTREAL										QUEBEC										H3X3E3									
Hotel										Country										Phone No.																			
SERRATION TEL AVIV										CANADA										5147487711																			

Arrival Airline & Flight No. EL AL 010 7279 Date ARR JUNE 27/89 Time of Arrival 0905

Departure Airline & Flight No. Date July 14/89 Time of Departure

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

Name Helen LANG Sport GOLF - CAPTAIN

Signature

שקלאש - נא להחזיר  
15.05.89

To be Completed by Head of Family

ACCOMPANIED BY:

Helen LANG (WIFE) 20261  
Jonathan LANG (SON) 20262  
Karen LANG (DAUGHTER) 20572  
Yehudaa Sitrui (Fiance of DAUGHTER) 20573

30/5/89  
Date

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

\* Please Circle The Applicable  
\*\* For Office Use Only





13th Maccabiah 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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20446



V.I.P.

Family Name												First Name												Date of birth Day Month Year			Sex F M		Food Type *						
LITMAN												SARI															X		01 - REGULAR 02 - VEGETARIAN						
Passport No.												Participation At Previous Maccabiot *												Address (No. - Street - Apt)											
NW189271												01 02 03 04 05 06 07 08 09 10 11 12												6111 AV DU BOISE 153											
Profession / Occupation												City												State						Zip					
												MONTREAL QUE																		H3S2V8					
Hotel CARLETON												Country												Phone No.											
												CANADA																							

Arrival 018 29.6.89 07:30  
Airline & Flight No. Date Time of Arrival

Departure 385 17.7.89 14:00  
Airline & Flight No. Date Time of Departure

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

Name	Sport
HOWARD GRUNDMAN	BOWLING (COACH)

To be Completed by Head of Family

ACCOMPANIED BY:

HOWARD GRUNDMAN



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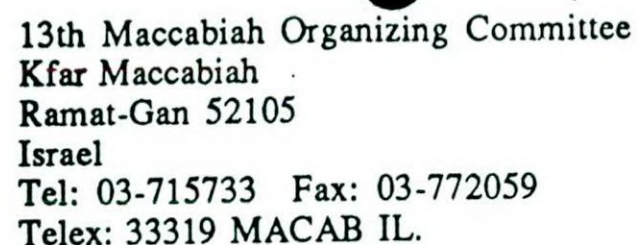
Date

Signature

\* Please Circle The Applicable  
\*\* For Office Use Only

This form must reach the 13th Maccabiah Headquarters no later than 10 days before the start of the Games.  
Please attach an identity photo to this entry form.





## C

NOC 20406

C	A	N
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<del>4</del>	<del>1</del>	<del>8</del>	<del>6</del>
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[illegible]

PLEASE CHECK APPROPRIATE EVENT(S)			
BA	BADMINTON	YA	SAILING
BB	BASKETBALL	SH	SHOOTING
CP	CLAY PIGEON	SF	SOFTBALL
CR	CRICKET	SQ	SQUASH
FE	FENCING	SW	SWIMMING
FH	FIELD HOCKEY	TA	TABLE TENNIS
FB	FOOTBALL	TE	TENNIS
GO	GOLF	TP	TEN PIN BOWLING
GY	GYMNASTICS	TF	TRACK & FIELD
JU	JUDO	VB	VOLLEYBALL
KA	KARATE	WA	WATERPOLO
LB	LAWN BOWLS	WL	WEIGHTLIFTING
MF	MINI FOOTBALL	WR	WRESTLING
RO	ROWING	BR	BRIDGE
RU	RUGBY UNION	CH	CHESS

### PERSONAL ACHIEVEMENTS

Date \_\_\_\_\_

This form must reach the 13th Maccabiah Headquarters no later than May 15, 1989

Please attach an identity photo to this entry form.

PLEASE CIRCLE THE APPLICABLE \*





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

Entry Form by Name

\*\* NOC

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2	0	4	5	6
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V.I.P.

Family Name												First Name												Date of birth Day Month Year			Sex F M		Food Type *						
LOHAIN												FRANCINE															X		01 - REGULAR 02 - VEGETARIAN						
Passport No.												Participation At Previous Maccabiot *												Address (No. - Street - Apt)											
LG 531394												01 02 03 04 05 06 07 08 09 10 11 12												35 LYNCROFT											
Profession / Occupation												City												State						Zip					
												MONTREAL												QUE						H3X3E3					
Hotel												Country												Phone No.											
KING DAVID												CANADA																							

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Arrival 010 29.6. 6:00 AM  
Airline & Flight No. Date Time of Arrival

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Departure EL 541 17.7. 6:20 AM  
Airline & Flight No. Date Time of Departure

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

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To be Completed by Head of Family

ACCOMPANIED BY:

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Signature

Date

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

\* Please Circle The Applicable  
\*\* For Office Use Only





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

### Entry Form by Name

\*\* NOC

CAN

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20546



V.I.P.

Family Name												First Name												Date of birth Day Month Year			Sex F M		Food Type * 01 - REGULAR 02 - VEGETARIAN						
MLOTEK												MORRIS															X		01						
Passport No.												Participation At Previous Maccabiot *												Address (No. - Street - Apt)											
												01 02 03 04 05 06 07 08 09 10 11 12												71 BRUE AVE											
Profession / Occupation												City												State						Zip					
												TORONTO												ONTARIO						M6B1R6					
Hotel												Country												Phone No.											
												CANADA																							

\*\*

\*\*

Arrival

018

29/6

06:55

Departure

018

29/6

06:55

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

Name	Sport	**

To be Completed by Head of Family

ACCOMPANIED BY:

HELEN

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20545

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\*\*

Signature

Date

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989  
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\* Please Circle The Applicable  
\*\* For Office Use Only





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

Entry Form by Name

\*\* NOC

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V.I.P.

Family Name												First Name												Date of birth Day Month Year			Sex F M		Food Type *						
RESLICK												RON																	01 - REGULAR 02 - VEGETARIAN						
Passport No.												Participation At Previous Maccabiot *												Address (No. - Street - Apt)											
RK548684												01 02 03 04 05 06 07 08 09 10 11 12												GENERAL DELIVERY											
Profession / Occupation												City												State						Zip					
												BALTIMORE												ONTARIO						KOKIC O					
Hotel												Country												Phone No.											

Arrival TEAM FLT 7906 28.6.89 9  
Airline & Flight No. Date Time of Arrival

Departure 2 19.7.89  
Airline & Flight No. Date Time of Departure

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

Name	Sport	**
ANITA HALPERN	SQUASH	2963

To be Completed by Head of Family

ACCOMPANIED BY:

ANITA HALPERN (33)

**				
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**				
**				
**				

Signature

Date

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

\* Please Circle The Applicable  
\*\* For Office Use Only





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

Entry Form by Name

\*\* NOC

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2	0	4	5	7
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V.I.P.

Family Name												First Name												Date of birth Day Month Year			Sex F M		Food Type *						
SEGAL												ALVIN																	01 - REGULAR 02 - VEGETARIAN						
Passport No.												Participation At Previous Maccabiot *												Address (No. - Street - Apt)											
LG256054												01 02 03 04 05 06 07 08 09 10 11 12												35 LYNCREFT											
Profession / Occupation												City												State						Zip					
												MONTREAL												QUE						H3X3E3					
Hotel KING DAVID												Country												Phone No.											

Arrival 010 29.6.89 06:00  
Airline & Flight No. Date Time of Arrival

Departure EL-AL 541 17.7.89 06:20  
Airline & Flight No. Date Time of Departure

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

Name	Sport

To be Completed by Head of Family

ACCOMPANIED BY:

**				
**				
**				
**				
**				

Signature

Date

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\* Please Circle The Applicable  
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ELAINE SHARFE



Sherwood SHARFE



David SHARFE



Paula SHARFE





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

Entry Form by Name

\*\* NOC

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V.I.P.

Family Name												First Name												Date of birth Day Month Year			Sex F M		Food Type *						
SHARFE												SHERWOOD																	01 - REGULAR 02 - VEGETARIAN						
Passport No.												Participation At Previous Maccabiot *												Address (No. - Street - Apt)											
SH230485												01 02 03 04 05 06 07 08 09 10 11 12												3826 BALFOUR PL											
Profession / Occupation												City												State			Zip								
												SASKATOON												SK			S7H327								
Hotel												Country												Phone No.											
CARLTON, T.A.												CANADA																							

Arrival 29.6.89 Date 29.6.89 Time of Arrival

Airline & Flight No.

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Departure 16.7.89 Date 16.7.89 Time of Departure

Airline & Flight No.

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

Name Sport  
KEVIN SHARFE GYMNASTICS

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To be Completed by Head of Family

1) PASSP. SH230486 ACCOMPANIED BY: ~~PASS~~  
ELAINE SHARFE (WIFE-46)

2) PASSP. EJ658641  
ROBERT SHARFE (23)

3) EJ401802  
PAMELA SHARFE (19)

KEVIN SHARFE (13)

2	0	4	3	4

2	0	4	3	5

2	0	4	3	7

2	0	4	3	8

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Signature

Date

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

Please attach an identity photo to this entry form.

\* Please Circle The Applicable  
\*\* For Office Use Only





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

Entry Form by Name

\*\* NOC

\*\*

20553



V.I.P.

Family Name												First Name												Date of birth Day Month Year			Sex F M		Food Type *						
STAR												HOWARD																	01 - REGULAR 02 - VEGETARIAN						
Passport No.												Participation At Previous Maccabiot *												Address (No. - Street - Apt)											
												01 02 03 04 05 06 07 08 09 10 11 12												1725 CALLEDONIA RD											
Profession / Occupation												City												State						Zip					
Hotel												Country												Phone No.											
SHERATON												CAN																							

Arrival LY018 29/6 02.30  
Airline & Flight No. Date Time of Arrival

Departure LY385 16/7  
Airline & Flight No. Date Time of Departure

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

Name	Sport	**
ADAM	Track + Field	0178

To be Completed by Head of Family

ACCOMPANIED BY:

AUCIA

\*\* 20551  
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\*\*  
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\*\*

Signature

Date

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

### Entry Form by Name

\*\* NOC

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2	0	4	4	8
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V.I.P.

Family Name												First Name												Date of birth Day Month Year			Sex F M		Food Type * 01 - REGULAR 02 - VEGETARIAN						
W I E S K O P F												H A R V E Y																							
Passport No.												Participation At Previous Maccabiot *												Address (No. - Street - Apt)											
S H 8 5 2 4 9 1												01 02 03 04 05 06 07 08 09 10 11 12												6 8 3 7 B A N T I N G											
Profession / Occupation												City												State						Zip					
												C O T E S T . L V C												Q U E B E C											
Hotel												Country												Phone No.											
D A N C A E S A R E A												C A N A D A																							

Arrival \_\_\_\_\_ Date \_\_\_\_\_ Time of Arrival \_\_\_\_\_

Airline & Flight No.

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Departure \_\_\_\_\_ Date \_\_\_\_\_ Time of Departure \_\_\_\_\_

Airline & Flight No.

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

Name

Sport

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To be Completed by Head of Family

ACCOMPANIED BY:

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Signature

Date

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

# Entry Form by Name

C

035

OFFICIALS

NOC

020405

CAN

4188

Family Name	First Name	Date of birth Day Month Year	Sex Women Men	Height cm	Weight kg	Food Type * 01 - REGULAR 02 - VEGETARIAN 03 - NATURALIST
U N G E R M A N	I R V I N G		X			
Passport No.	Participation At Previous Maccablot *	Address (No. - Street - Apt)				
	01 02 03 04 05 06 07 08 09 10 11 12					

City

Zip

State

Country

## CHECK ONE BLOCK

01	CHEF OF MISSION	
02	ASSISTANT CHEF DE MISSION	
03	TEAM OFFICIAL	X
04	COACH	
05	ASSISTANT COACH	
06	DOCTOR	
07	MASSEHR	
08	REFEREE	
09	INTER. OBSERVER	
10	JUDGE	
11	UMPIRE	
12	PRESS	

## PLEASE CHECK APPROPRIATE EVENT(S)

BA	BADMINTON	YA	SAILING
BB	BASKETBALL	SH	SHOOTING
CP	CLAY PIGEON	SF	SOFTBALL
CR	CRICKET	SQ	SQUASH
FE	FENCING	SW	SWIMMING
FH	FIELD HOCKEY	TA	TABLE TENNIS
FB	FOOTBALL	TE	TENNIS
GO	GOLF	TP	TEN PIN BOWLING
GY	GYMNASTICS	TF	TRACK & FIELD
JU	JUDO	VB	VOLLEYBALL
KA	KARATE	WA	WATERPOLO
LB	LAWN BOWLS	WL	WEIGHTLIFTING
MF	MINI FOOTBALL	WR	WRESTLING
RO	ROWING	BR	BRIDGE
RU	RUGBY UNION	CH	CHESS

## PERSONAL ACHIEVEMENTS

(signed)

Captain of the Team

(countersigned)

Chairman of the Team

Date

This form must reach the 13th Maccabiah Headquarters no later than May 15, 1989

Please attach an identity photo to this entry form.

PLEASE CIRCLE THE APPLICABLE \*





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

Entry Form by Name

\*\* NOC

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2	0	6	2	5
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V.I.P.

Family Name												First Name												Date of birth Day Month Year			Sex F M		Food Type *						
ZARETSKY												MORRIS																	01 - REGULAR 02 - VEGETARIAN						
Passport No.												Participation At Previous Maccabiot *												Address (No. - Street - Apt)											
Z5845200												01 02 03 04 05 06 07 08 09 10 11 12												601 FINCH AVE											
Profession / Occupation												City												State						Zip					
												WILLOWDALE												ONTARIO						M2R1N9					
Hotel												Country												Phone No.											
CARLTON												CAN																							

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9	1
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C	A
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Arrival 29/6 07.30  
Date Time of Arrival

Airline & Flight No.

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Departure 16/7   
Date Time of Departure

Airline & Flight No.

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

ERIK GOLDSILVER SWIMMING

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2	8	2	3
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To be Completed by Head of Family

ACCOMPANIED BY:

RUTH SH739108

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2	0	6	2	4
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Signature

Date

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

Please attach an identity photo to this entry form.

\* Please Circle The Applicable  
\*\* For Office Use Only



Entry Form by Name

\*\* NOC

Chi

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20329



V.I.P.

Family Name												First Name												Date of birth			Sex		Food Type *						
KAPLUN												MARCOS												Day Month Year			F M		0 - REGULAR 02 - VEGETARIAN						
Passport No.												Participation At Previous Maccabiot *												Address (No. - Street - Apt)											
												01 02 03 04 05 06 07 08 09 10 11 12												Las Condes 8361											
Profession / Occupation <u>Ing. Comercial</u>												City												State			Zip								
Hotel												Santiago																							
Country												Phone No.																							
CHILE																																			

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

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

Name	Sport	**

To be Completed by Head of Family

ACCOMPANIED BY:

**				
**				
**				
**				
**				

Signature

Official (Official) .

Date

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\*\* For Office Use Only









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

### Entry Form by Name

\*\* NOC

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V.I.P.

Family Name												First Name												Date of birth			Sex		Food Type *						
D R E Z N E R												D A V I D												Day Month Year			F M		01 - REGULAR 02 - VEGETARIAN						
2 8 0 1 6 7												X																							
Passport No.												Participation At Previous Maccabiot *												Address (No. - Street - Apt)											
A C 1 4 9 1 4 9												01 02 03 04 05 06 07 08 09 10 11 12												C A L L E 9 2 # 4 A - 8 0											
Profession / Occupation												City												State						Zip					
B O G O T A																																			
Hotel												Country												Phone No.											
C O L O M B I A												6 1 0 3 8 6 0																							

Arrival IB 886 G JUNIO 30 18:30  
Airline & Flight No. Date Time of Arrival

To be Completed by Head of Family

Departure IB JULIO 14 19:40  
Airline & Flight No. Date Time of Departure

ACCOMPANIED BY:

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

Name	Sport	**

Signature

Date

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

### Entry Form by Name

\*\* NOC

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V.I.P.

Family Name												First Name												Date of birth Day Month Year			Sex F M		Food Type *						
D R E Z N E R												D A V I D												2 8 0 1 6 7			X		01 - REGULAR 02 - VEGETARIAN						
Passport No.												Participation At Previous Maccabiot *												Address (No. - Street - Apt)											
A C 1 4 9 1 4 9												01 02 03 04 05 06 07 08 09 10 11 12												C A L L E 9 2 # 4 A - 8 0											
Profession / Occupation												City												State						Zip					
Hotel												B O G O T A												Country						Phone No.					
**												C O L O M B I A												6 1 0 3 8 6 0											

Arrival IB 886 G JUNIO 30 18:30  
Airline & Flight No. Date Time of Arrival

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Departure IB JULIO 14 19:40  
Airline & Flight No. Date Time of Departure

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

Name	Sport	**

To be Completed by Head of Family

ACCOMPANIED BY:

**			
**			
**			
**			
**			

Signature

Date

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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

\*\*



V.I.P.

Family Name												First Name												Date of birth			Sex		Food Type *						
D R E Z N E R												D A V I D												Day Month Year			F M		01 - REGULAR 02 - VEGETARIAN						
2 8 0 1 6 7												X																							
Passport No.												Participation At Previous Maccabiot *												Address (No. - Street - Apt)											
A C 1 4 9 1 4 9												01 02 03 04 05 06 07 08 09 10 11 12												C A L L E 9 2 # 4 A - 8 0											
Profession / Occupation												City												State						Zip					
B O G O T A																																			
Hotel												Country												Phone No.											
C O L O M B I A												6 1 0 3 8 6 0																							

Arrival IB 886 G JUNIO 30 18:30  
Airline & Flight No. Date Time of Arrival

Departure IB JULIO 14 19:40  
Airline & Flight No. Date Time of Departure

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

Name	Sport	**

To be Completed by Head of Family

ACCOMPANIED BY:

**				
**				
**				
**				
**				

Signature

Date

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Entry Form by Name

\*\* NOC

\*\*



V.I.P.

Family Name												First Name												Date of birth			Sex		Food Type *		
S A S S O N												M O I S S E S												Day	Month	Year	F	M	01 - REGULAR 02 - VEGETARIAN		
P O 7 3 5 1 9 0												01 02 03 04 05 06 07 08 09 10 11 12												T R A S V . 2 2 # 1 0 1 - 8 2							
Profession / Occupation												City												State				Zip			
Hotel												B O G O T A												Country				Phone No.			
IB 886 G												C O L O M B I A												2 5 6 1 9 0 6							

Arrival **JUNIO 30** **18:30**  
Airline & Flight No. **IB 886 G**  
Date Time of Arrival

Departure **JUNIO 30** **18:30**  
Airline & Flight No. **IB 886 G**  
Date Time of Departure

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

Name	Sport

To be Completed by Head of Family

ACCOMPANIED BY:




*[Signature]*  
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

\*\*



V.I.P.

Family Name												First Name												Date of birth			Sex		Food Type *						
																								Day Month Year			F M		01 - REGULAR 02 - VEGETARIAN						
S A S S O N												M O I S S E S												2 4 0 4 6 5			X								
Passport No.												Participation At Previous Maccabiot *												Address (No. - Street - Apt)											
P O 7 3 5 1 9 0												01 02 03 04 05 06 07 08 09 10 11 12												T R A S V. 2 2 # 1 0 1 - 8 2											
Profession / Occupation												City												State						Zip					
												B O G O T A																							
Hotel												Country												Phone No.											
IB 886 G												C O L O M B I A												2 5 6 1 9 0 6											

JUNIO 30

18:30

Arrival Airline & Flight No. Date Time of Arrival

To be Completed by Head of Family

ACCOMPANIED BY:

Departure Airline & Flight No. Date Time of Departure

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

Name

Sport

**				
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**				

**				
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**				
**				

Signature

Date

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

### Entry Form by Name

\*\* NOC

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V.I.P.

Family Name												First Name												Date of birth			Sex		Food Type *				
S A S S O N												M O I S S E S												Day	Month	Year	F	M	01 - REGULAR 02 - VEGETARIAN				
P O 7 3 5 1 9 0												01 02 03 04 05 06 07 08 09 10 11 12												T R A S V. 2 2 # 1 0 1 - 8 2									

Profession / Occupation												City		State				Zip			
H O T E L												B O G O T A									
H O T E L												C O L O M B I A		P h o n e N o.				2 5 6 1 9 0 6			

Arrival		IB 886 G		JUNIO 30		18:30	
Airline & Flight No.		Date		Time of Arrival			

Departure		Airline & Flight No.		Date		Time of Departure	

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

Signature		Date	

To be Completed by Head of Family

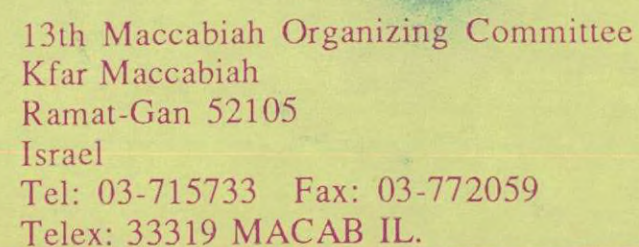
ACCOMPANIED BY:

**				
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## Entry Form by Name

\* \* NOC

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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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20347



V.I.P.

Family Name												First Name												Date of birth			Sex		Food Type *						
B I B A S												M A R C O S												Day Month Year			F M		01 REGULAR 02 - VEGETARIAN						
14-6-37																								X											
Passport No.												Participation At Previous Maccabiot *												Address (No. - Street - Apt)											
0 5 2 8 - 8 7 E S P A Ñ O L												01 02 03 04 05 06 07 08 09 10 11 12												C A L L E 1 0 4 # 2 2 A - 4 0											

Profession / Occupation												City												State												Zip											
SHERATON												B O G O T A																																			
Hotel												Country												Phone No.																							
**												C O L O M B I A												2 5 6 6 0 0 6																							

Arrival AIR FRANCE #1306 JULIO 1<sup>o</sup> 6:45 PM.  
Airline & Flight No. Date Time of Arrival

Departure Air France #1307 JULY 14/89 07:35 AM  
Airline & Flight No. Date Time of Departure

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

Name	Sport

To be Completed by Head of Family

ACCOMPANIED BY:

REBECA BIBAS WIFE  
LEON BIBAS SON  
DINA BIBAS DAUGHTER

**	20344	14-10-45
**	20345	1-4-68
**	20346	1111-71
**		
**		

Signature

Date

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\*\* For Office Use Only





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

Entry Form by Name

92

\*\* NOC

COL 20338



V.I.P.

Family Name	First Name	Date of birth Day Month Year	Sex F M	Food Type * 01 - REGULAR 02 - VEGETARIAN
ANCHISLAVSKY	NOEL	1 6 0 4 4 3	X	
Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)		
AC 1 7 7 3 3 6	01 02 03 04 05 06 07 08 09 10 11 12	CALLE 7 # 1 2 - 0 8 PISO 7		

Profession / Occupation

Hotel SHERATON

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\*\*

\*\*

City

State

Zip

BOGOTA

Country

Phone No.

COLOMBIA

2 6 2 7 0 0 0

Arrival IBERIA 882 3018 JUNIO 30

Airline & Flight No.

Date

Time of Arrival

\*\*

To be Completed by Head of Family

Departure SK 772

Airline & Flight No.

JUL 14

Date

10.20

Time of Departure

\*\*

ACCOMPANIED BY:

ROSITA ANCHISLAVSKY WIFE

ALLAN ANCHISLAVSKY SON

DAVID ANCHISLAVSKY SON

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

Name

Sport

RONNY ANCHISLAVSKY

FOOTBALL

\*\*

\*\*

\*\*

Signature

Date

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\*\* For Office Use Only





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

Entry Form by Name

\*\* NOC

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20678



V.I.P.

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

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Arrival IB 886 G JUNIO 30 18:30  
Airline & Flight No. Date Time of Arrival

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Departure Airline & Flight No. Date Time of Departure

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

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To be Completed by Head of Family

ACCOMPANIED BY:

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Signature

Date

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989  
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13th Maccabiah Organizing Committee  
Kfar Maccabiah  
Ramat-Gan 52105  
Israel  
Tel: 03-715733 Fax: 03-772059  
Telex: 33319 MACAB IL.

### Entry Form by Name

\*\* NOC

\*\*

20678



V.I.P.

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

Arrival IB 886 G JUNIO 30 18:30  
Airline & Flight No. Date Time of Arrival

To be Completed by Head of Family

ACCOMPANIED BY:

Departure     
Airline & Flight No. Date Time of Departure

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

Name	Sport	**

ACCOMPANIED BY:	**

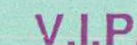
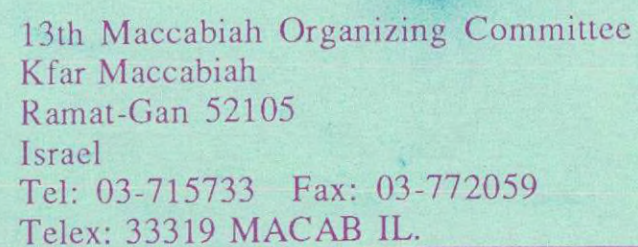
Signature

Date

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

\* Please Circle The Applicable  
\*\* For Office Use Only





### Entry Form by Name

\* \* NOC

\* \*

20678

**Profession / Occupation** \_\_\_\_\_

**Hotel** \_\_\_\_\_

**\*\***

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**To be Completed by Head of Family**

ACCOMPANIED BY:

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

Name \_\_\_\_\_

## Sport

Three sets of empty 4x4 grids for drawing, each preceded by two asterisks (\*\*).

Two asterisks (\*\*) are placed to the left of each of the six empty 4x4 grids, indicating where to write the answers for questions 1 through 6.

Signature

Date \_\_\_\_\_

\* Please Circle The Applicable  
\*\* For Office Use Only

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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

\*\*

20678



V.I.P.

Family Name												First Name												Date of birth Day Month Year			Sex F M		Food Type *						
CHALEN												PETER												210972			X		01 - REGULAR 02 - VEGETARIAN						
Passport No.												Participation At Previous Maccabiot *												Address (No. - Street - Apt)											
AC148701												01 02 03 04 05 06 07 08 09 10 11 12												CALLE 57 # 4 - 28 APT 0101											
Profession / Occupation												City												State						Zip					
												BOGOTA																							
Hotel												Country												Phone No.											
												COLOMBIA												010107											

Arrival IB 886 G JUNIO 30 18:30  
Airline & Flight No. Date Time of Arrival

To be Completed by Head of Family

Departure     
Airline & Flight No. Date Time of Departure

ACCOMPANIED BY:

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

Name	Sport	**

**

Signature

Date

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

Entry Form by Name

\*\* NOC

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2	0	6	7	9
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V.I.P.

Family Name												First Name												Date of birth			Sex		Food Type *						
																								Day Month Year			F M		01 - REGULAR 02 - VEGETARIAN						
D E L A R O S A												S I D N E Y												1 20 6 7 2			X								
Passport No.												Participation At Previous Maccabiot *												Address (No. - Street - Apt)											
A C 3 4 9 8 5 7												01 02 03 04 05 06 07 08 09 10 11 12												C A L L E 8 7 # 7 A - 2 2 A P T 0 6 0 1											
Profession / Occupation												City												State			Zip								
Hotel												B O G O T A																							
IB 886 G												JUNIO 30												18:30			To be Completed by Head of Family								
Airline & Flight No.												Date												Time of Arrival			ACCOMPANIED BY:								
Airline & Flight No.												Date												Time of Departure			Date								
Name												Sport																							
Signature																																			

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

Entry Form by Name

\*\* NOC

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2	0	6	7	9
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V.I.P.

Family Name												First Name												Date of birth			Sex		Food Type *						
																								Day Month Year			F M		01 - REGULAR						
D E L A R O S A												S I D N E Y												1 20 6 7 2			X		02 - VEGETARIAN						
Passport No.												Participation At Previous Maccabiot *												Address (No. - Street - Apt)											
A C 3 4 9 8 5 7												01 02 03 04 05 06 07 08 09 10 11 12												C A L L E 8 7 # 7 A - 2 2 A P T 0 6 0 1											
Profession / Occupation												City												State						Zip					
												B O G O T A																							
Hotel												Country												Phone No.											
												C O L O M B I A												1 8 6 2 8 4											

Arrival IB 886 G JUNIO 30 18:30  
Airline & Flight No. Date Time of Arrival

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Departure     
Airline & Flight No. Date Time of Departure

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

		**			
		**			
		**			

  
Signature

To be Completed by Head of Family

ACCOMPANIED BY:

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Date

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

Entry Form by Name

\*\* NOC

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2	0	6	7	9
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V.I.P.

Family Name												First Name												Date of birth Day Month Year			Sex F M		Food Type *						
D E L A R O S A												S I D N E Y												1 2 0 6 7 2			Y		01 - REGULAR 02 - VEGETARIAN						
Passport No.												Participation At Previous Maccabiot *												Address (No. - Street - Apt)											
A C 3 4 9 8 5 7												01 02 03 04 05 06 07 08 09 10 11 12												C A I L I E 8 7 # 7 A - 2 2 A P T 0 6 0 1											
Profession / Occupation												City												State			Zip								
Hotel												B O G O T A																							
Country												Phone No.																							
C O L O M B I A												1 8 6 2 8 4																							

Arrival IB 886 G JUNIO 30 18:30  
Airline & Flight No. Date Time of Arrival

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Departure     
Airline & Flight No. Date Time of Departure

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

		**			
		**			
		**			

Signature

To be Completed by Head of Family

ACCOMPANIED BY:

	**			
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	**			
	**			

Date

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

Entry Form by Name

\*\* NOC

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2	0	6	7	9
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V.I.P.

Family Name												First Name												Date of birth			Sex		Food Type *																																										
																								Day	Month	Year	F	M																																											
D E L A R O S A												S I D N E Y												1	20	6	7	2			Y	01 - REGULAR																																							
Passport No.												Participation At Previous Maccabiot *												Address (No. - Street - Apt)																																															
A C 3 4 9 8 5 7												01 02 03 04 05 06 07 08 09 10 11 12												C A L L E 8 7 # 7 A - 2 2 A P T 0 6 0 1																																															
																								City												State												Zip																							
																								B O G O T A																																															
																								Country												Phone No.																																			
																								C O L O M B I A												1 8 6 2 8 4																																			

Profession / Occupation

Hotel

Arrival

IB 886 G

Airline & Flight No.

JUNIO 30

Date

18:30

Time of Arrival

To be Completed by Head of Family

ACCOMPANIED BY:

Departure

Airline & Flight No.

Date

Time of Departure

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

Name

Sport

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\*\*

Signature

Date

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

### Entry Form by Name

\*\* NOC

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20682



V.I.P.

Family Name												First Name												Date of birth			Sex		Food Type *						
D E N I S S E												M I T R A N I												Day Month Year			F M		01 - REGULAR 02 - VEGETARIAN						
1 7 1 2 5 6												X																							
Passport No.												Participation At Previous Maccabiot *												Address (No. - Street - Apt)											
A C 5 9 2 5 4 7												01 02 03 04 05 06 07 08 09 10 11 12												C R A . 1 9 # 8 4 - 3 4 A P T O . 1 0 1											
Profession / Occupation												City												State						Zip					
												B O G O T A																							
Hotel												Country												Phone No.											
**												C O L O M B I A												5 3 1 5 2 7											

Arrival JUNIO 30 Time of Arrival

Airline & Flight No.

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Departure Time of Departure

Airline & Flight No.

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

Name TANTIMONACO MIKELE Sport FUTBOL

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3262

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To be Completed by Head of Family

ACCOMPANIED BY:

TANTIMONACO CLAUDIO

20680

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2-12-85

TANTIMONACO STEFANO

20681

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21-1-84

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Signature

Date

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

### Entry Form by Name

\*\* NOC

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20682



V.I.P.

Family Name	First Name	Date of birth Day Month Year	Sex F M	Food Type *
D E N I S S E	M I T R A N I	1 7 1 2 5 6	X	01 - REGULAR 02 - VEGETARIAN
Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)		
A C 5 9 2 5 4 7	01 02 03 04 05 06 07 08 09 10 11 12	C R A. 1 9 # 8 4 - 3 4 A P T O. 1 0 1		

Profession / Occupation \_\_\_\_\_

Hotel \_\_\_\_\_

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City	State	Zip
B O G O T A		
Country	Phone No.	
C O L O M B I A	5 3 1 5 2 7	

Arrival \_\_\_\_\_

Airline & Flight No. \_\_\_\_\_

Date JUNIO 30

Time of Arrival \_\_\_\_\_

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Departure \_\_\_\_\_

Airline & Flight No. \_\_\_\_\_

Date \_\_\_\_\_

Time of Departure \_\_\_\_\_

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

Name TANTIMONACO MIKELE Sport FUTBOL

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To be Completed by Head of Family

ACCOMPANIED BY:

TANTIMONACO CLAUDIO

20680

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2-12-85

TANTIMONACO STEFANO

20681

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21-1-84

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Signature

Date

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

### Entry Form by Name

\*\* NOC

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2	0	6	8	2
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V.I.P.

Family Name												First Name												Date of birth			Sex		Food Type *						
D E N I S S E												M I T R A N I												Day	Month	Year	F	M	01 - REGULAR 02 - VEGETARIAN						
A C 5 9 2 5 4 7												01 02 03 04 05 06 07 08 09 10 11 12												C R A . 1 9 # 8 4 - 3 4 A P T O . 1 0 1											

Profession / Occupation												City												State			Zip					
H O T E L												B O G O T A																				
Hotel												Country												Phone No.								
A C 5 9 2 5 4 7												C O L O M B I A												5 3 1 5 2 7								

Arrival												Date												Time of Arrival												To be Completed by Head of Family											
A C 5 9 2 5 4 7												J U N I O 3 0																								ACCOMPANIED BY:											
A C 5 9 2 5 4 7																																				TANTIMONACO CLAUDIO 20680											
A C 5 9 2 5 4 7																																				TANTIMONACO STEFANO 20681											

If Family Members are Athletes or part of a Delegation please give details:												Name												Sport												Date											
A C 5 9 2 5 4 7												TANTIMONACO MIKELE												FUTBOL												2-12-85											
A C 5 9 2 5 4 7																																				21-1-84											
A C 5 9 2 5 4 7																																															
A C 5 9 2 5 4 7																																															

Signature												Date											
A C 5 9 2 5 4 7																							

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

### Entry Form by Name

\*\* NOC

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2	0	6	8	2
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V.I.P.

Family Name												First Name												Date of birth			Sex		Food Type *						
D E N I S S E												M I T R A N I												Day Month Year			F M		01 - REGULAR 02 - VEGETARIAN						
1 7 1 2 5 6												X																							
Passport No.												Participation At Previous Maccabiot *												Address (No. - Street - Apt)											
A C 5 9 2 5 4 7												01 02 03 04 05 06 07 08 09 10 11 12												C R A . 1 9 # 8 4 - 3 4 A P T O . 1 0 1											
Profession / Occupation												City												State						Zip					
												B O G O T A																							
Hotel												Country												Phone No.											
**												C O L O M B I A												5 3 1 5 2 7											

Arrival JUNIO 30 Date Time of Arrival

Airline & Flight No.

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Departure Time of Departure

Airline & Flight No.

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

Name TANTIMONACO MIKELE Sport FUTBOL

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To be Completed by Head of Family

ACCOMPANIED BY:

TANTIMONACO CLAUDIO

20680

**				
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TANTIMONACO STEFANO

20681

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Signature

Date

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

### Entry Form by Name

\*\* NOC

\*\*

20683



V.I.P.

Family Name												First Name												Date of birth Day Month Year			Sex F M		Food Type *						
R A U S H												A L L A N												13-01-74			X		01 - REGULAR 02 - VEGETARIAN						
Passport No.												Participation At Previous Maccabiot *												Address (No. - Street - Apt)											
A C 3 8 1 8 4 3												01 02 03 04 05 06 07 08 09 10 11 12												C A R R E R A 1 # * # _ ) i T/D APRIL 302											
Profession / Occupation												City												State						Zip					
Hotel												B O G O T A												Country						Phone No.					
**												C O L O M B I A												2 3 6 3 9 0 9											

Arrival IBERIA 886 G JUNIO 30 18:30  
Airline & Flight No. Date Time of Arrival

To be Completed by Head of Family

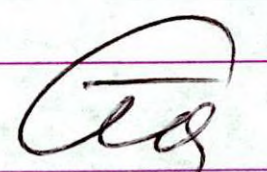
Departure                                                                 
Airline & Flight No. Date Time of Departure

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

Name	Sport	**

ACCOMPANIED BY:

**				
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**				

  
Signature

Date

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

### Entry Form by Name

\*\* NOC

\*\*

20683



V.I.P.

Family Name												First Name												Date of birth Day Month Year			Sex F M		Food Type *						
R A U S H												A L L A N												13-01-74			X		01 - REGULAR 02 - VEGETARIAN						
Passport No.												Participation At Previous Maccabiot *												Address (No. - Street - Apt)											
A C 3 8 1 8 4 3												01 02 03 04 05 06 07 08 09 10 11 12												C A R R E R A 1 # * # ) i T/D APRO. 302											
Profession / Occupation												City												State						Zip					
Hotel												B O G O T A												Country						Phone No.					
**												C O L O M B I A												2 3 6 3 9 0 9											

Arrival IBERIA 886 G JUNIO 30 18:30  
Airline & Flight No. Date Time of Arrival

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Departure                                                                 
Airline & Flight No. Date Time of Departure

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

Name

Sport

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To be Completed by Head of Family

ACCOMPANIED BY:

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Signature

Date

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

### Entry Form by Name

\*\* NOC

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2	0	6	8	3
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V.I.P.

Family Name												First Name												Date of birth Day Month Year			Sex F M		Food Type *						
R A U S H												A L L A N												13-01-74			X		01 - REGULAR 02 - VEGETARIAN						
Passport No.												Participation At Previous Maccabiot *												Address (No. - Street - Apt)											
A C 3 8 1 8 4 3												01 02 03 04 05 06 07 08 09 10 11 12												C A R R E R A 1 # * # ) & T/D APRO. 302											
Profession / Occupation												City												State						Zip					
Hotel												B O G O T A												Country						Phone No.					
**												C O L O M B I A												2 3 6 3 9 0 9											

Arrival IBERIA 886 G JUNIO 30 18:30  
Airline & Flight No. Date Time of Arrival

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Departure     
Airline & Flight No. Date Time of Departure

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

Name	Sport	**

Signature

To be Completed by Head of Family

ACCOMPANIED BY:

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

### Entry Form by Name

\*\* NOC

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2	0	6	8	3
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V.I.P.

Family Name												First Name												Date of birth Day Month Year			Sex F M		Food Type *						
R A U S H												A L L A N												13-01-74			X		01 - REGULAR 02 - VEGETARIAN						
Passport No.												Participation At Previous Maccabiot *												Address (No. - Street - Apt)											
A C 3 8 1 8 4 3												01 02 03 04 05 06 07 08 09 10 11 12												C A R R E R A 1 # * # ) & T/D APRO. 302											
Profession / Occupation												City												State						Zip					
Hotel												B O G O T A												Country						Phone No.					
**												C O L O M B I A												2 3 6 3 9 0 9											

Arrival IBERIA 886 G JUNIO 30 18:30  
Airline & Flight No. Date Time of Arrival

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Departure     
Airline & Flight No. Date Time of Departure

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

Name	Sport	**

To be Completed by Head of Family

ACCOMPANIED BY:

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Signature

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Entry Form by Name

\*\* NOC

\*\*

20423



Family Name												First Name												Date of birth			Sex		Food Type *						
																								Day Month Year			F M		01 REGULAR 02 - VEGETARIAN						
B A K A L A R Z												J U L I U S												2 2 0 2 2 2			X								
Passport No.												Participation At Previous Maccabiot *												Address (No. - Street - Apt)											
A C 0 6 3 2 1 3												01 02 03 04 05 06 07 08 09 10 11 12												C A L L E 1 0 1 # 2 0 = 7 7											

Profession / Occupation

Hotel

HILTON

Arrival

PA 118

Airline & Flight No.

JULIO 1<sup>o</sup>  
Date

17:00  
Time of Arrival

Departure

PA 115

Airline & Flight No.

JULIO 18  
Date

06:05  
Time of Departure

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

Signature

City

State

Zip

B O G O T A

Country

Phone No.

C O L O M B I A

2 5 6 2 0 0 2

To be Completed by Head of Family

ACCOMPANIED BY:

HELENA BAKALARZ

WIFE

20421

13-11-28

STEVEN BAKALARZ

SON

20422

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

Please attach an identity photo to this entry form.

\* Please Circle The Applicable  
\*\* For Office Use Only





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

### Entry Form by Name

\*\* NOC

\*\*

20334



V.I.P.

Family Name										First Name										Date of birth Day Month Year			Sex F M		Food Type *														
B A K A L A R Z										R O N A L D										0 9 0 1 5 0			X		01 - REGULAR 02 - VEGETARIAN														
Passport No.										Participation At Previous Maccabiot *										Address (No. - Street - Apt)																			
Z 5 5 6 1 9 5 2 U. S. A.										01 02 03 04 05 06 07 08 09 10 11 12 <b>XXX</b>										C A R R E R A # 8 8 - 9 6 A P T. 9 0 2																			
Profession / Occupation										City										State										Zip									
Hotel SHERATON										B O G O T A										Country										Phone No.									
C O L O M B I A										2 5 7 2 6 2 1																													

Arrival SK 771 JUNIO 27 20:50  
Airline & Flight No. Date Time of Arrival

Departure PA 115 JULIO 18 06:05  
Airline & Flight No. Date Time of Departure

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


Signature

To be Completed by Head of Family

ACCOMPANIED BY:

MINNA BAKALARZ	WIFE
JONATHAN BAKALARZ	SON
ALEXANDER BAKALARZ	SON
ANDREA BAKALARZ	DAUGHTER

\*\* 20330  
2-8-51

\*\* 20331  
5-11-75

\*\* 20332  
5-11-76

\*\* 20333  
25-3-80

\*\*

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

\*\*

20420



V.I.P.

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

Arrival IB 886 G 3018 JUN 10 30 18:30  
Airline & Flight No. Date Time of Arrival

Departure SK 772 7144 JUL 14 10:20  
Airline & Flight No. Date Time of Departure

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

Name	Sport

To be Completed by Head of Family

ACCOMPANIED BY:

BURSZTYN FRIDA	WIFE	20416	29-11-47
BURSZTYN ALLAN	SON	20417	11-7-77
BURSZTYN JOHANNA	DAUGHTER	20418	7-9-82
BURSZTYN JACK	SON	20419	5-6-70

Signature

Date

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

### Entry Form by Name

\*\* NOC

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2	0	3	5	3
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V.I.P.

Family Name												First Name												Date of birth			Sex		Food Type *						
E I S E N B A N D												J A I M E												Day Month Year			F M		01 - REGULAR 02 - VEGETARIAN						
1 5 0 7 4 7																										X									
Passport No.												Participation At Previous Maccabiot *												Address (No. - Street - Apt)											
P E o o 8 7 4 0												01 02 03 04 05 06 07 08 09 10 11 12												C A R R E R A 5 5 # 7 9 - 1 9 7 A P T. 6 B											

Profession / Occupation

Hotel MELONIT SAVOY

Arrival

BRITHISH AIRWAYS 660

JUN 22

04:35

Airline & Flight No.

Date

Time of Arrival

To be Completed by Head of Family

Departure

Airline & Flight No.

Date

Time of Departure

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

Name

Sport

\*\*

\*\*

\*\*

### ACCOMPANIED BY:

MARIA CLARA EISENBAND ESPOSA

JEFFREY EISENBAND HIJO

DAVID EISENBAND HIJO

JONATHAN EISENBAND HIJO

VICTORIA E.DE POSADA CUÑADA

\*\* 20348  
21-5-53

\*\* 20349  
24-6-76

\*\* 20350  
2-11-77

\*\* 20351  
25-7-81

\*\* 20352  
21-9-50

Signature

Date

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

### Entry Form by Name

\*\* NOC

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2	0	3	7	9
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V.I.P.

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

Arrival	IBERIA	JUNIO 30	
	Airline & Flight No.	Date	Time of Arrival
	**		
Departure	SK 772	JUL 14	10:20
	Airline & Flight No.	Date	Time of Departure
	**		

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

Name	Sport	**
MAX. STEVEN GROSSMAN	FOOTBALL	3259 28-9-71
MAURICIO GROSSMAN	GOLF	3248 14-4-44
		**

To be Completed by Head of Family

ACCOMPANIED BY:

JOEL GROSSMAN

**	2	0	3	7	8
**	2	6	1	7	6

Signature

Date

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

### Entry Form by Name

\*\* NOC

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\*\*

2	0	3	5	6	9
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V.I.P.

Family Name												First Name												Date of birth			Sex		Food Type *																		
H A I M E												M I G U E L												Day Month Year			F M		01 - REGULAR 02 - VEGETARIAN																		
2 8 0 8 5 0												X																																			
Passport No.												Participation At Previous Maccabiot *												Address (No. - Street - Apt)																							
P E 0 0 5 3 6 4												01 02 03 04 05 06 07 08 09 10 11 12												C A R R E R A 6 9 B # 1 9 - 6 6																							
Profession / Occupation												City												State												Zip											
Hotel SHERATON												B O G O T A												Country												Phone No.											
**												C O L O M B I A												2 9 2 4 7 0 0																							

Arrival TW 8 8 4 730A JUNE 30 11:15  
Airline & Flight No. Date Time of Arrival

Departure LY 209 JUL 24 02:30  
Airline & Flight No. Date Time of Departure

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


Signature

To be Completed by Head of Family

#### ACCOMPANIED BY:

RAQUEL DE HAIME	WIFE
MARC HAIME	SON
ALEXANDER HAIME	SON
YONA HAIME	DAUGHTER
ALAN HAIME	S O N

** 20354
26-3-54
** 20355
28-1-75
** 20356
17-3-77
** 20357
10-4-78
** 20358
7-10-82

Date

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

### Entry Form by Name

\*\* NOC

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2	0	3	7	4
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V.I.P.

Family Name												First Name												Date of birth			Sex		Food Type *						
																								Day Month Year			F M		01 - REGULAR 02 - VEGETARIAN						
H A R F												B E N J A M I N												26-1-51			X								
Passport No.												Participation At Previous Maccabiot *												Address (No. - Street - Apt)											
A C 4 0 6 8 8 7												01 02 03 04 05 06 07 08 09 10 11 12												A . A . 30 53 C A L I											
Profession / Occupation												City												State						Zip					
SHERATON												C A L I																							
Hotel												Country												Phone No.											
**												C O L O M B I A												4 8 1 6 2 3											

Arrival IBERIA 3018 JUNIO 30 Time of Arrival

Airline & Flight No. Time of Arrival

Departure Airline & Flight No. Date Time of Departure

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

Name Sport

Signature

To be Completed by Head of Family

ACCOMPANIED BY:

JUDITH HARF

WIFE

AARON HARF

SON

JACOBO

SON

2	0	3	7	4
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2	0	3	7	5
---	---	---	---	---

2	0	3	7	6
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Date

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Entry Form by Name

\*\* NOC

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2	0	4	1	2
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V.I.P.

Family Name												First Name												Date of birth			Sex		Food Type *										
K A S S I N												R A F A E L												Day Month Year			F M		01 - REGULAR 02 - VEGETARIAN										
P G O O 4 6 1 4												01 02 03 04 05 06 07 08 09 10 11 12												C A R R E R A 4 <sup>a</sup> # 9 1 A - 4 3															
Passport No.												Participation At Previous Maccabiot *												Address (No. - Street - Apt)															
P G O O 4 6 1 4												01 02 03 04 05 06 07 08 09 10 11 12												C A R R E R A 4 <sup>a</sup> # 9 1 A - 4 3															
Profession / Occupation												City												State			Zip												
SHERATON												B O G O T A																											
Hotel												Country												Phone No.															
SHERATON												C O L O M B I A												5 7 5 4 2 3															

Arrival IB 886 JUNIO 30 18:30  
Airline & Flight No. 3018 Date Time of Arrival

Departure IB 887 JULIO 19 18:10  
Airline & Flight No. 20410 Date Time of Departure

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

Name	Sport

To be Completed by Head of Family

ACCOMPANIED BY:

KASSIN MYRIAM	WIFE	20410	26-6-49
KASSIN FARIDA	DOUGHTER	20411	12-3-76

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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20367



V.I.P.

Family Name												First Name												Date of birth			Sex		Food Type *						
																								Day Month Year			F M		01 REGULAR 02 - VEGETARIAN						
K H O U D A R I A M R A M												I S A A C												2 6 7 5 5			X								
Passport No.												Participation At Previous Maccabiot *												Address (No. - Street - Apt)											
P E O 1 1 0 8 5												01 02 03 04 05 06 07 08 09 10 11 12												C A L L E 1 1 # 6 8 - 4 2											

Profession / Occupation												City												State												Zip											
												B O G O T A																																			
Hotel SHERATON												Country												Phone No.																							
**												C O L O M B I A												2 9 0 5 0 6 6																							

Arrival												Date												Time of Arrival												To be Completed by Head of Family											
IBERIA												JUNIO 30																								ACCOMPANIED BY:											
Airline & Flight No.																																				MORIS KHOUDARI SON											
**																																				MIRO KHOUDARI SON											
Departure												Date												Time of Departure																							
Airline & Flight No.																																															

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

Signature

Date

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

### Entry Form by Name

\*\* NOC

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2	0	3	6	4
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V.I.P.

Family Name												First Name												Date of birth			Sex		Food Type *						
M I N S K I												R U B E N												Day Month Year			F M		01 REGULAR 02 - VEGETARIAN						
21-12-51												X																							
Passport No.												Participation At Previous Maccabiot *												Address (No. - Street - Apt)											
P E 0 0 2 1 4 3												01 02 03 04 05 06 07 08 09 10 11 12												C A R R E R A 5 8 # 7 9 - 7 9											

Profession / Occupation												City												State												Zip											
												B A R R A N Q U I L L A																																			
Hotel												Country												Phone No.																							
SHERATON												C O L O M B I A																																			

Arrival												Date												Time of Arrival											
IBERIA												JULIO 1 <sup>o</sup>																							
Airline & Flight No.																																			

Departure												Date												Time of Departure											
Airline & Flight No.																																			

If Family Members are Athletes or part of a Delegation please give details:												To be Completed by Head of Family																							
Name												Sport												ACCOMPANIED BY:											
																								FRANCIS MINSKI WIFE											
																								ELLIOT MINSKI SON											
																								JOEL MINSKI SON											

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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20425



V.I.P.

Family Name												First Name												Date of birth			Sex		Food Type *																		
S A S S O N A D E S												J O S E P H												Day Month Year			F M		01 REGULAR 02 - VEGETARIAN																		
12 1 0 4 8												X																																			
Passport No.												Participation At Previous Maccabiot *												Address (No. - Street - Apt)																							
P E 0 0 4 4 3 1												01 02 03 04 05 06 07 08 09 10 11 12												C A R R E R A 1 8 # 8 6 A - 8 5																							
Profession / Occupation												City												State												Zip											
Hotel SHERATON												B O G O T A												Country												Phone No.											
IB 886 G												JUNIO 30												18:30												To be Completed by Head of Family											
Airline & Flight No.												Date												Time of Arrival												ACCOMPANIED BY:											
IB 889												JULIO 16												18:10																							
Airline & Flight No.												Date												Time of Departure																							

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

Name	Sport	**
		**
		**

Signature

Date

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Please attach an identity photo to this entry form.

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

### Entry Form by Name

\*\* NOC

\*\*

20409



V.I.P.

Family Name												First Name												Date of birth			Sex		Food Type *						
S H U S T E R - B E L M A N												S A M U E L												Day Month Year			F M		01 - REGULAR 02 - VEGETARIAN						
0 2 1 8 5 6												X																							
Passport No.												Participation At Previous Maccabiot *												Address (No. - Street - Apt)											
P E o 1 0 0 5 0												01 02 03 04 05 06 07 08 09 10 11 12												C A L L E S A N A N T O N I O # 2 5 - 1 1 0 Pº 2º											

Profession / Occupation ECONOMISTA

Hotel SHERATON

Arrival LY 396

Airline & Flight No.

Departure A0 302

Airline & Flight No.

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

Name Sport


Signature

JUNIO 27

Date

11:30

Time of Arrival

JULIO 16

Date

09:35

Time of Departure


City

C A R T A G E N A

Country

C O L O M B I A

State

Zip



To be Completed by Head of Family

ACCOMPANIED BY:

FANNY GROSSMAN

WIFE

20407

VALERIA SHUSTER

DOUGHTER

20408


15-04-54

19-08-85

Date

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92  
95





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

### Entry Form by Name

✓ \*\* NOC  
[ ] [ ] [ ]

\*\*  
020413



V.I.P.

Family Name												First Name												Date of birth Day Month Year			Sex F M		Food Type *						
S I L B E R B L U M												S A M U E L												20-10-10			X		01 REGULAR 02 - VEGETARIAN						
Passport No.												Participation At Previous Maccabiot *												Address (No. - Street - Apt)											
P O 6 0 8 5 1 1												01 02 03 04 05 06 07 08 09 10 11 12												C A R R E R A 4 3 # 8 7 - 7 9											

Profession / Occupation												City												State												Zip											
Hotel SHERATON												B A R R A N Q U I L L A												Country												Phone No.											
** [ ] [ ] [ ] [ ]												C O L O M B I A												3 4 3 1 4 2																							

Arrival												IBERIA												JUNIO 30												Time of Arrival												To be Completed by Head of Family											
Airline & Flight No.												Date												Time of Arrival												ACCOMPANIED BY:																							
** [ ] [ ] [ ] [ ]												3018												Date												Time of Arrival												ACCOMPANIED BY:											
Departure												Airline & Flight No.												Date												Time of Departure												ACCOMPANIED BY:											

If Family Members are Athletes or part of a Delegation please give details:												To be Completed by Head of Family												ACCOMPANIED BY:																																			
Name												Sport												Date												Time of Departure												ACCOMPANIED BY:											
[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]												[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]												[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]												[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]												[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]											
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Signature												Date											
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13th Maccabiah Organizing Committee  
Kfar Maccabiah  
Ramat-Gan 52105  
Israel  
Tel: 03-715733 Fax: 03-772059  
Telex: 33319 MACAB IL.

### Entry Form by Name

\*\* NOC

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2	0	4	2	4
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V.I.P.

Family Name												First Name												Date of birth Day Month Year			Sex F M		Food Type *						
T R A N S L A T E U R												S I G I F R E D O												5-17-51			X		01 REGULAR 02 - VEGETARIAN						
Passport No.												Participation At Previous Maccabiot *												Address (No. - Street - Apt)											
A B 4 1 5 8 5 3												01 02 03 04 05 06 07 08 09 10 11 12												C A L L E 2 4 # 4 N O 6 C A L I											
Profession / Occupation												City												State						Zip					
Hotel SHERATON												C A L I																							
Arrival												Country												Phone No.											
IBERIA												C O L O M B I A												6 8 4 8 1 3											

Arrival IBERIA 3018 JULIO 30   
Airline & Flight No. Date Time of Arrival

Departure      
Airline & Flight No. Date Time of Departure

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


Signature

To be Completed by Head of Family

ACCOMPANIED BY:


Date

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

\* Please Circle The Applicable  
\*\* For Office Use Only



ENGLAND  
FRANCE  
GERMANY  
HOLLAND





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

Entry Form by Name

C

OFFICIALS

NOC

FRG

1981

Family Name										First Name										Date of birth Day Month Year			Sex Women Men		Height cm		Weight kg		Food Type * 01 - REGULAR 02 - VEGETARIAN 03 - NATURALIST									
L	e	m	l	e	r					I	g	a	l					0	7	0	6	4	9			x												
Passport No.										Participation At Previous Maccabiot *										Address (No. - Street - Apt)																		
2	9	7	4	9	8	0				01	02	03	04	05	06	07	08	09	10	11	12	3	5	G o t t f r i e d - K e l l e r - S t r .														

City

Zip

F r a n k f u r t

6 0 0 0

State

Country

G e r m a n y

CHECK ONE BLOCK

01	CHEF OF MISSION	
02	ASSISTANT CHEF DE MISSION	
03	TEAM OFFICIAL	X
04	COACH	
05	ASSISTANT COACH	
06	DOCTOR	
07	MASSEHR	
08	REFEREE	
09	INTER. OBSERVER	X
10	JUDGE	
11	UMPIRE	
12	PRESS	

PLEASE CHECK APPROPRIATE EVENT(S)

BA	BADMINTON	YA	SAILING
BB	BASKETBALL	SH	SHOOTING
CP	CLAY PIGEON	SF	SOFTBALL
CR	CRICKET	SQ	SQUASH
FE	FENCING	SW	SWIMMING
FH	FIELD HOCKEY	TA	TABLE TENNIS
FB	FOOTBALL	TE	TENNIS
GO	GOLF	TP	TEN PIN BOWLING
GY	GYMNASTICS	TF	TRACK & FIELD
JU	JUDO	VB	VOLLEYBALL
KA	KARATE	WA	WATERPOLO
LB	LAWN BOWLS	WL	WEIGHTLIFTING
MF	MINI FOOTBALL	WR	WRESTLING
RO	ROWING	BR	BRIDGE
RU	RUGBY UNION	CH	CHESS

PERSONAL ACHIEVEMENTS

(signed) \_\_\_\_\_

Captain of the Team

(countersigned) \_\_\_\_\_

Chairman of the Team

Date 25.05.89

This form must reach the 13th Maccabiah Headquarters no later than May 15, 1989

Please attach an identity photo to this entry form.

PLEASE CIRCLE THE APPLICABLE \*



Entry Form by Name

\*\* NOC

\*\*

20668

IMC

Family Name	First Name	Date of birth Day Month Year	Sex F M	Food Type *
GRUN	MICHEL	100147	X	01 - REGULAR 02 - VEGETARIAN
Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)		
31072	01 02 03 04 05 06 07 08 09 10 11 12 000	BELGIELEI 102 2018		

sion / Occupation VICE CHAIRMAN  
Imc  
 \*\* 20  
BRITISH Airways  
 Airline & Flight No. 29/6/89 04.30  
 Date Time of Arrival

City ANTWERP  
 State  Zip   
 Country BELGIUM Phone No. 2303520

To be Completed by Head of Family

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

ACCOMPANIED BY:  
MOSKAL BLANCKE  
GRON JERRE

  
 Signature

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

\* Please Circle The Applicable  
 \*\* For Office Use Only



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2	0	6	7	0
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114C  
P.

Family Name	First Name	Date of Birth Day Month Year	Sex F M	Food Type *
CRON	FERGIE	28 12 77	X	01 - REGULAR 02 - VEGETARIAN

Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)
027 8719	01 02 03 04 05 06 07 08 09 10 11 12	BELGIELEI 102

City	State	Zip
ANTWERP		
Country	Phone No.	
BELGIUM	2303520	

Is / Occupation	**
	**

Airline & Flight No.	Date	Time of Arrival
**		

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

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

**	**	**
**	**	**
**	**	**

Signature

To be Completed by Head of Family

ACCOMPANIED BY:

**	**	**
**	**	**
**	**	**
**	**	**
**	**	**

Date

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

\* Please Circle The Applicable  
\*\* For Office Use Only



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2	0	6	7	1
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IME  
V.P.

Family Name												First Name												Date of Birth Day Month Year			Sex F M		Food Type *						
MOSKAL												SOLANCE												100848			X		01 - REGULAR 02 - VEGETARIAN						
Passport No.												Participation At Previous Maccabiot *												Address (No. - Street - Apt)											
0278719												01 02 03 04 05 06 07 08 09 10 11 12												BELGIELEI 102											
Occupation / Occupation												City												State						Zip					
												ANTWERP																							
												Country												Phone No.											
												BELGIUM												2303520											

Airline & Flight No. Date Time of Arrival

**				
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Airline & Flight No. Date Time of Departure

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

**				
**				
**				

To be Completed by Head of Family

ACCOMPANIED BY:

**			
**			
**			
**			
**			

Signature

Date

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\* Please Circle The Applicable  
\*\* For Office Use Only





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

### Entry Form by Name

\*\* NOC

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20686



V.I.P.

Family Name												First Name												Date of birth Day Month Year			Sex F M		Food Type *						
NeLLe												Engelbert												090633					01 - REGULAR 02 - VEGETARIAN						
Passport No.												Participation At Previous Maccabiot *												Address (No. - Street - Apt)											
28600 G												01 02 03 04 05 06 07 08 09 10 11 12												100 KLingenbergst.											
Profession / Occupation												City												State						Zip					
Member of the German Parliament												Hildesheim																		3200					
Hotel												Country												Phone No.											
DAN												W-Germany																							

Arrival Lufthansa LH 686 03. July 89 15.15 h  
Airline & Flight No. Date Time of Arrival

Departure Lufthansa LH 687 07. July 89 16.30 h  
Airline & Flight No. Date Time of Departure

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


Signature

To be Completed by Head of Family

ACCOMPANIED BY:



13 June 1989  
Date

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

\* Please Circle The Applicable  
\*\* For Office Use Only





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

Entry Form by Name

\*\* NOC

\*\*

20686



V.I.P.

Family Name												First Name												Date of birth Day Month Year			Sex F M		Food Type *						
Nelle												Engelbert												090633			X		01 - REGULAR 02 - VEGETARIAN						
Passport No.												Participation At Previous Maccabiot *												Address (No. - Street - Apt)											
28600 G												01 02 03 04 05 06 07 08 09 10 11 12												100 KLINGENBERGSTR.											
Profession / Occupation												City												State						Zip					
Member of the German Parliament												Hildesheim																		3200					
Hotel												Country												Phone No.											
DAN												W-Germany																							

Arrival Lufthansa LH 686 03. July 89 15.15h  
Airline & Flight No. Date Time of Arrival

Departure Lufthansa LH 687 07. July 89 16.30h  
Airline & Flight No. Date Time of Departure

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

Name	Sport

To be Completed by Head of Family

ACCOMPANIED BY:

**				
**				
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**				

Signature

13 June 1989  
Date

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989  
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\* Please Circle The Applicable  
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13th Maccabiah Organizing Committee  
Kfar Maccabiah  
Ramat-Gan 52105  
Israel  
Tel: 03-715733 Fax: 03-772059  
Telex: 33319 MACAB IL.

Entry Form by Name

\*\* NOC

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20686



V.I.P.

Family Name												First Name												Date of birth Day Month Year			Sex F M		Food Type *						
Nelle												Engelbert												090633			X		01 - REGULAR 02 - VEGETARIAN						
Passport No.												Participation At Previous Maccabiot *												Address (No. - Street - Apt)											
28600 G												01 02 03 04 05 06 07 08 09 10 11 12												100 Klingenbergsstr.											
Profession / Occupation												City												State						Zip					
Member of the German Parliament												Hildesheim																		3200					
Hotel												Country												Phone No.											
DAN												W-Germany																							

Arrival Lufthansa LH 686 03. July 89 15.15 h  
Airline & Flight No. Date Time of Arrival

Departure Lufthansa LH 687 07. July 89 16.30 h  
Airline & Flight No. Date Time of Departure

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

Name	Sport

Signature

To be Completed by Head of Family

ACCOMPANIED BY:

**				
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15 June 1989  
Date

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\* Please Circle The Applicable  
\*\* For Office Use Only



Entry Form by Name

\*\* NOC

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20685



V.I.P.

Family Name												First Name												Date of birth			Sex		Food Type *										
Sauer												Helmut												Day Month Year			F M		01 - REGULAR 02 - VEGETARIAN										
30 590 G												01 02 03 04 05 06 07 08 09 10 11 12												Bundeshaus															
Passport No.												Participation At Previous Maccabiot *												Address (No. - Street - Apt)															
30 590 G																								Bundeshaus															
Profession / Occupation												City												State				Zip											
Member of the German Parliament												Bonn 1																5300											
Hotel												Country												Phone No.															
DAN												W-Germany																											

Arrival Lufthansa, LH 686 03. July 89 15.15h  
Airline & Flight No. Date Time of Arrival

Departure Lufthansa, LH 687 14. July 89 16.30h  
Airline & Flight No. Date Time of Departure

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

Name	Sport

[Signature]  
Signature

To be Completed by Head of Family

ACCOMPANIED BY:



19 June 1989  
Date

\* Please Circle The Applicable  
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Please attach an identity photo to this entry form.





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

### Entry Form by Name

\*\* NOC

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2	0	6	8	5
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V.I.P.

Family Name												First Name												Date of birth Day Month Year			Sex F M		Food Type *						
Saver												Helmut												24 12 45			X		01 - REGULAR 02 - VEGETARIAN						
Passport No.												Participation At Previous Maccabiot *												Address (No. - Street - Apt)											
30 590 6												01 02 03 04 05 06 07 08 09 10 11 12												Bundeshaus											
Profession / Occupation												City												State						Zip					
Member of the German Parliament												Bonn 1																		5300					
Hotel												Country												Phone No.											
DAN												W-Germany																							

Arrival Lufthansa, LH 686 03. July 89 15.15h  
Airline & Flight No. Date Time of Arrival

Departure Lufthansa, LH 687 14. July 89 16.30h  
Airline & Flight No. Date Time of Departure

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

Name	Sport

To be Completed by Head of Family

ACCOMPANIED BY:

**				
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Signature

19 June 1989  
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

\*\*

20685



V.I.P.

Family Name												First Name												Date of birth			Sex		Food Type *						
Saver												Helmut												Day Month Year			F M		01 - REGULAR 02 - VEGETARIAN						
Passport No.												Participation At Previous Maccabiot *												Address (No. - Street - Apt)											
30 590 6												01 02 03 04 05 06 07 08 09 10 11 12												Bundeshaus											
Profession / Occupation												City												State						Zip					
Member of the German Parliament												Bonn 1																		5300					
Hotel												Country												Phone No.											
DAN												W-Germany																							

Arrival Lufthansa LH 686 03. July 89 15.15h  
Airline & Flight No. Date Time of Arrival

Departure Lufthansa LH 687 14. July 89 16.30h  
Airline & Flight No. Date Time of Departure

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


Signature

To be Completed by Head of Family

ACCOMPANIED BY:


19 June 1989  
Date

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\* Please Circle The Applicable  
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Photo von Herrn  
Hans Hauere

Präsident des Deut-  
schen Sportbundes



*...bei allen Reisen* **OK**  
**REISEBÜRO KONSTANZER GmbH**

---

*REISEBÜRO* **KONSTANZER** GmbH

---

Konstanzer Straße 57, 1000 Berlin 31,		88 20 81
Roennebergstraße 8, 1000 Berlin 41,		852 10 82
Bergstraße 2, 1000 Berlin 41,		791 001

---





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

### Entry Form by Name

\*\* NOC

\*\*

20503



V.I.P.

Family Name												First Name												Date of birth Day Month Year			Sex F M		Food Type *						
Braver												Hans-Jochen												260845			X		01 - REGULAR 02 - VEGETARIAN						
Passport No.												Participation At Previous Maccabiot *												Address (No. - Street - Apt)											
1434002679												01 02 03 04 05 06 07 08 09 10 11 12												15 Bahnhof Str.											
Profession / Occupation												City												State						Zip					
Member of the German Parliament												Koenigsbutter																		3308					
Hotel												Country												Phone No.											
DAN												W-Germany																							

Arrival Lufthansa, LH 686 03. July 89 15.15h  
Airline & Flight No. Date Time of Arrival

Departure Lufthansa, LH 687 14. July 89 16.30h  
Airline & Flight No. Date Time of Departure

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

**				
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**				

To be Completed by Head of Family

ACCOMPANIED BY:



**				
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**				

Date

Signature

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

### Entry Form by Name

\*\* NOC

\*\*

20497



V.I.P.

Family Name												First Name												Date of birth Day Month Year			Sex F M		Food Type * 01 - REGULAR 02 - VEGETARIAN						
Folz-Steinacker												Sigrid												100141			X								
Passport No.												Participation At Previous Maccabiot *												Address (No. - Street - Apt)											
37127 G												01 02 03 04 05 06 07 08 09 10 11 12												14 Hartierwup											
Profession / Occupation												City												State						Zip					
Member of the German Parliament												Brake																		2880					
Hotel												Country												Phone No.											
DAN												W-Germany																							

Arrival Lufthansa, LH 686 0300 03 July 89 15.15h  
Airline & Flight No. Date Time of Arrival

Departure Lufthansa, LH 687 1416 14 July 89 16.30h  
Airline & Flight No. Date Time of Departure

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature

To be Completed by Head of Family

ACCOMPANIED BY:



**				
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**				
**				
**				

Date

Please Circle The Applicable  
Office Use Only

This form must reach the 13th Maccabiah Headquarters  
Please attach an identity photo to this entry form.





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

Entry Form by Name

\*\* NOC

\*\*

20505



V.I.P.

Family Name												First Name												Date of birth			Sex		Food Type *						
Lohmann												Klaus												Day Month Year			F M		01 - REGULAR 02 - VEGETARIAN						
Passport No.												Participation At Previous Maccabiot *												Address (No. - Street - Apt)											
31542 G												01 02 03 04 05 06 07 08 09 10 11 12												Fasanenweg 21											
Profession / Occupation												City												State						Zip					
Member of the German Parliament												Witten																		5810					
Hotel												Country												Phone No.											
DAN												W-Germany																							

Arrival Lufthansa, LH 686 0300 03. July 89 15.15h  
Airline & Flight No. Date Time of Arrival

Departure Lufthansa, LH 687 1416 14. July 89 16.30h  
Airline & Flight No. Date Time of Departure

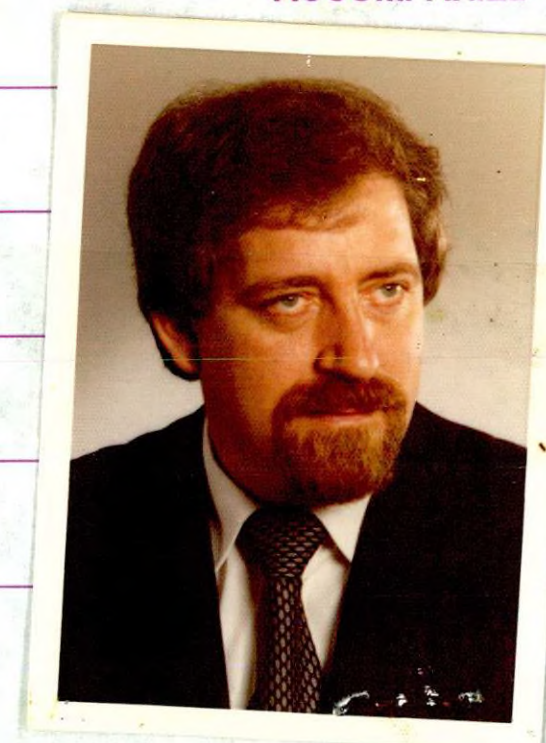
If Family Members are Athletes or part of a Delegation please give details:

Name	Sport

Signature

To be Completed by Head of Family

ACCOMPANIED BY:



Date

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

Entry Form by Name

\*\* NOC

\*\*

20499



V.I.P.

Family Name												First Name												Date of birth			Sex		Food Type *						
Piro												Ruediger												Day Month Year			F M		01 - REGULAR 02 - VEGETARIAN						
10197 M												01 02 03 04 05 06 07 08 09 10 11 12												Address (No. - Street - Apt)											
10197 M												01 02 03 04 05 06 07 08 09 10 11 12												City State Zip											
10197 M												01 02 03 04 05 06 07 08 09 10 11 12												Bonn 1 5300											
10197 M												01 02 03 04 05 06 07 08 09 10 11 12												Country Phone No.											
10197 M												01 02 03 04 05 06 07 08 09 10 11 12												W-Germany											

Profession / Occupation Member of the German Parliament

Hotel DAN

Arrival Lufthansa, LH 686

Departure Lufthansa, LH 687

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

Signature

To be Completed by Head of Family

ACCOMPANIED BY:



Date

This form must reach the 43rd Maccabiah Headquarters no later than May 31, 1989  
Please attach an identity photo to the entry form.

\* Please Circle The Applicable  
\*\* For Office Use Only





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

Entry Form by Name

\*\* NOC

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20501



V.I.P.

Family Name												First Name												Date of birth			Sex		Food Type *						
Lambinus												Uwe												Day Month Year			F M		01 - REGULAR 02 - VEGETARIAN						
Passport No.												Participation At Previous Maccabiot *												Address (No. - Street - Apt)											
30607 G												01 02 03 04 05 06 07 08 09 10 11 12																							
Profession / Occupation												City												State						Zip					
Member of the German Parliament												Bonn 1																		5300					
Hotel												Country												Phone No.											
DAN												W-Germany																							

Arrival Lufthansa, LH 686 0300 03. July 89 15.15h  
Airline & Flight No. Date Time of Arrival

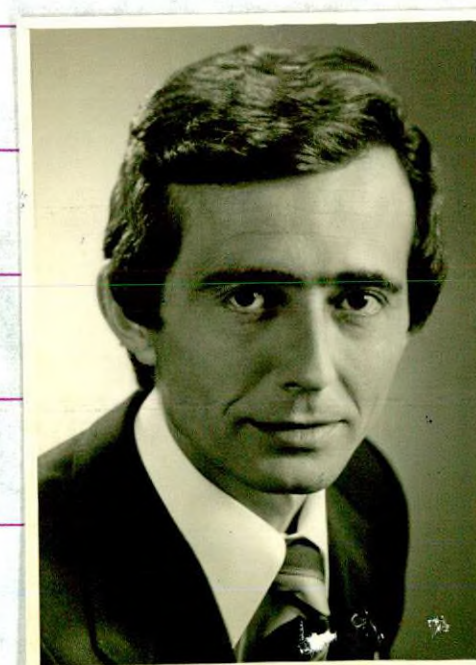
Departure Lufthansa, LH 687 1416 14. July 89 16.30h  
Airline & Flight No. Date Time of Departure

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

Name Sport

To be Completed by Head of Family

ACCOMPANIED BY:



**			
**			
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**			
**			

Date

\* Please Circle The Applicable  
\*\* For Office Use Only

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





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

Entry Form by Name

\*\* NOC

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V.I.P.

Family Name										First Name										Date of birth			Sex		Food Type *														
																				Day Month Year			F M		01 - REGULAR 02 - VEGETARIAN														
Gieseler										Karl Heinz										300725			X																
Passport No.										Participation At Previous Maccabiot *										Address (No. - Street - Apt)																			
4 5654103										01 02 03 04 05 06 07 08 09 10 11 12										31 Theodor-Heuss-Str.																			
Profession / Occupation										City										State										Zip									
General Secretary of the German Sport Association										Neu Isenburg																				6078									
Hotel										Country										Phone No.																			
DAU										W-Germany																													

Arrival Lufthansa LH 686 03. July 89 15.15h  
Airline & Flight No. Date Time of Arrival

Departure Lufthansa LH 687 07. July 89 16.30h  
Airline & Flight No. Date Time of Departure

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

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To be Completed by Head of Family

ACCOMPANIED BY:

**				
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**				

Signature

Date

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

\* Please Circle The Applicable  
\*\* For Office Use Only





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

CANCELLED

Entry Form by Name

\*\* NOC

\*\*



V.I.P.

Family Name												First Name												Date of birth			Sex		Food Type *						
Gieseler												Karen												Day Month Year			F M		01 - REGULAR 02 - VEGETARIAN						
Passport No.												Participation At Previous Maccabiot *												Address (No. - Street - Apt)											
4179014398												01 02 03 04 05 06 07 08 09 10 11 12												31 Theodor-Heuss-Str.											
Profession / Occupation												City												State						Zip					
												Neu-Isenburg																		6078					
Hotel												Country												Phone No.											
DAN												W-Germany																							

Arrival Lufthansa, LH 686 03. July 89 15.15 h  
Airline & Flight No. Date Time of Arrival

Departure Lufthansa, LH 687 07. July 89 16.30 h  
Airline & Flight No. Date Time of Departure

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

**				
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To be Completed by Head of Family

ACCOMPANIED BY:

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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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20509



V.I.P.

Family Name												First Name												Date of birth			Sex		Food Type *						
Hansen												Hans												Day Month Year			F M		01 - REGULAR 02 - VEGETARIAN						
130226												X																							
Passport No.												Participation At Previous Maccabiot *												Address (No. - Street - Apt)											
4928815												01 02 03 04 05 06 07 08 09 10 11 12												4a Am Door											
Profession / Occupation												City												State						Zip					
Resident of the German Sport Association												Gluecksburg																		2392					
Hotel												Country												Phone No.											
DAN												W-Germany																							

Arrival Lufthansa, LH 686 03. July 89 15.15 h  
Airline & Flight No. Date Time of Arrival

Departure Lufthansa, LH 687 07. July 89 16.30h  
Airline & Flight No. Date Time of Departure

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

Name	Sport

Signature

To be Completed by Head of Family

ACCOMPANIED BY:

**				
**				
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**				

Date

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

### Entry Form by Name

\*\* NOC

\*\*

20510



V.I.P.

Family Name												First Name												Date of birth Day Month Year			Sex F M		Food Type *						
Dienstl												Erika												010230			X		01 - REGULAR 02 - VEGETARIAN						
Passport No.												Participation At Previous Maccabiot *												Address (No. - Street - Apt)											
H 1939363												01 02 03 04 05 06 07 08 09 10 11 12												23AnderWaldmeisterhuette											
Profession / Occupation												City												State						Zip					
Vice President of the German Sport Ass.												Stolberg																		5130					
Hotel												Country												Phone No.											
DAN												W-Germany																							

Arrival Lufthansa, LH 686 30. June 89 15.15h  
Airline & Flight No. Date Time of Arrival

Departure 05. July 89  
Airline & Flight No. Date Time of Departure

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

Name	Sport

Signature

To be Completed by Head of Family

ACCOMPANIED BY:

**				
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**				
**				

Date

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Please attach an identity photo to this entry form.

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13th maccabiah  
המכביה ה-13

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

Entry Form by Name

\*\* NOC

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20520



V.I.P.

Family Name BEA GAIN												First Name ANNICK												Date of birth Day Month Year 21 02 54			Sex F M X		Food Type * 01 - REGULAR 02 - VEGETARIAN						
Passport No. 85 FCO 8722												Participation At Previous Maccabiah * 01 02 03 04 05 06 07 08 09 10 11 12												Address (No. - Street - Apt) 38 AVENUE MAL POCH											
Profession / Occupation SALES MANAGER												City ABLON SUR SEINE												State		Zip 94800									
Hotel CARLTON TEL AVIV												Country FRANCE												Phone No.											

Arrival EL AL - 312 28.6.89 23 10  
Airline & Flight No. Date Time of Arrival

Departure EL AL - 323 14.7.89 6:00  
Airline & Flight No. Date Time of Departure

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

Name	Sport

Signature

To be Completed by Head of Family

ACCOMPANIED BY:


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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20534



Family Name	First Name	Date of birth Day Month Year	Sex F M	Food Type * 01 REGULAR 02- VEGETARIAN
BENAYOUN DESIRE		25 12 17	X	
Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)		
862P73331	01 02 03 04 05 06 07 08 09 10 11 12	17-18 Bd General LECLERC		

Profession / Occupation REAL-ESTATE

Hotel CARLTON TEL AVIV

Arrival EL AL 312  
Airline & Flight No.

29.6.89  
Date

23:10  
Time of Arrival

Departure EL AL 323  
Airline & Flight No.

14.7.89  
Date

6:00  
Time of Departure

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

Name Sport  
BENAYOUN MAURICE HEAD OF DELEGATION

3821

Signature

Date

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13th Maccabiah Organizing Committee  
Kfar Maccabiah  
Ramat Gan 52105  
Israel  
Tel: 03-715733 Fax: 0-759  
Telex 33319 MACAB IL

SUPER 93  
VIP

Entry Form by Name

MAC

20579

V.P.

Family Name	First Name	Date of birth Day Month Year	Sex F N	Food Type * 01 - REGULAR 02 - VEGETARIAN
KOENIG	ANTJE	191252	X	

Passport No.	Participation At Famous Maccabiah	Address (No. - Street - Apt)
E 6178963	01 02 03 04 05 06 07 08 09 10 11 12	ADIDAS AG

Occupation	City	State	Zip
Promotion Manager	8522 HERZO GENAU RACH		
	Country	Phone No.	
	WEST GERMANY	9132842327	

Arrival	Departure
LH 686 0215 2nd July 15:25	
Airline & Flight No.	Date Time of Arrival

Accompanied by	
2 6 July ?	
Airline & Flight No.	Date Time of Departure

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

Signature	Date
Antje Koenig	

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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

OFFICIALS

NOC

FRG 1978

Family Name										First Name										Date of birth			Sex		Height		Weight		Food Type *	
																				Day Month Year			Women Men		cm		kg		01 - REGULAR 02 - VEGETARIAN 03 - NATURALIST	
M a j n g a r t e n										H e n r y										1 0 0 1 5 0										
Passport No.										Participation At Previous Maccabiot *										Address (No. - Street - Apt)										
G 2 7 9 9 4 9 8										01 02 03 04 05 06 07 08 09 10 11 12										4 B e n d i t s t r.										
City										Zip																				
F u e r t h										8 5 1 0																				
State										Country																				
										G e r m a n y																				

GM=000  
28/5/89  
100% less  
100% less

AC=ZZ

CHECK ONE BLOCK			PLEASE CHECK APPROPRIATE EVENT(S)			
01	CHEF OF MISSION	<input checked="" type="checkbox"/>	BA	BADMINTON	YA	SAILING
02	ASSISTANT CHEF DE MISSION		BB	BASKETBALL	SH	SHOOTING
03	TEAM OFFICIAL		CP	CLAY PIGEON	SF	SOFTBALL
04	COACH		CR	CRICKET	SQ	SQUASH
05	ASSISTANT COACH		FE	FENCING	SW	SWIMMING
06	DOCTOR		FH	FIELD HOCKEY	TA	TABLE TENNIS
07	MASSEHR		FB	FOOTBALL	TE	TENNIS
08	REFEREE		GO	GOLF	TP	TEN PIN BOWLING
09	INTER. OBSERVER		GY	GYMNASTICS	TF	TRACK & FIELD
10	JUDGE		JU	JUDO	VB	VOLLEYBALL
11	UMPIRE		KA	KARATE	WA	WATERPOLO
12	PRESS		LB	LAWN BOWLS	WL	WEIGHTLIFTING
			MF	MINI FOOTBALL	WR	WRESTLING
			RO	ROWING	BR	BRIDGE
			RU	RUGBY UNION	CH	CHESS

PERSONAL ACHIEVEMENTS

(signed) \_\_\_\_\_  
Captain of the Team

(countersigned) Jos. Plavsky  
Chairman of the Team

Date Feb 25.05.89

This form must reach the 13th Maccabiah Headquarters no later than May 15, 1989

Please attach an identity photo to this entry form.

PLEASE CIRCLE THE APPLICABLE \*





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

### Entry Form by Name

\*\* NOC

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20	6	33
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V.I.P.

Family Name												First Name												Date of birth Day Month Year			Sex F M		Food Type *						
GIESECKE												HANS																	01 - REGULAR 02 - VEGETARIAN						
Passport No.												Participation At Previous Maccabiot *												Address (No. - Street - Apt)											
												01 02 03 04 05 06 07 08 09 10 11 12																							
Profession / Occupation												City												State						Zip					
Hotel DAN T.A.												Country												Phone No.											
**												FRG																							

Arrival Airline & Flight No. Date Time of Arrival

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Departure Airline & Flight No. Date Time of Departure

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


To be Completed by Head of Family

ACCOMPANIED BY:


Signature

Date

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

Entry Form by Name

\*\* NOC

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V.I.P.

Family Name												First Name												Date of birth Day Month Year			Sex F M		Food Type *						
KIEBERT												HANS																	01 - REGULAR 02 - VEGETARIAN						
Passport No.												Participation At Previous Maccabiot *												Address (No. - Street - Apt)											
												01 02 03 04 05 06 07 08 09 10 11 12																							
Profession / Occupation												City												State						Zip					
Hotel DAN T.A.																								Country						Phone No.					
												FRG																							

Arrival Airline & Flight No. Date Time of Arrival

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Departure Airline & Flight No. Date Time of Departure

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

Name	Sport	**

To be Completed by Head of Family

ACCOMPANIED BY:

**				
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**				
**				

Signature

Date

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

אשר דבורה  
דבורה אפרת

### Entry Form by Name

\*\* NOC

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2	0	5	7	8
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V.I.P.

Family Name												First Name												Date of birth			Sex		Food Type *						
Weinert												Dolly												Day Month Year			F M		01 - REGULAR 02 - VEGETARIAN						
Passport No.												Participation At Previous Maccabiot *												Address (No. - Street - Apt)											
G 1692964												01 02 03 04 05 06 07 08 09 10 11 12												7 Franz-Grillparzer Ring											
Profession / Occupation												City												State						Zip					
												Kocln 71																		5000					
Hotel												Country												Phone No.											
												W-Germany																							

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Arrival \_\_\_\_\_ Date \_\_\_\_\_ Time of Arrival \_\_\_\_\_

Airline & Flight No.

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Departure \_\_\_\_\_ Date \_\_\_\_\_ Time of Departure \_\_\_\_\_

Airline & Flight No.

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

Name

Sport

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To be Completed by Head of Family

ACCOMPANIED BY:

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Date

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Please attach an identity photo to this entry form.

Signature



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לשם ה' רחמים

ה' ייחוד אמת

לשם יום אמת

לשם יום אמת  
אין אמת





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

### Entry Form by Name

\*\* NOC

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V.I.P.

Family Name												First Name												Date of birth			Sex		Food Type *						
ABRAHAM												NICOLA												Day Month Year			F M		01 REGULAR <input checked="" type="checkbox"/> 02 - VEGETARIAN						
602214D												01 02 03 04 05 06 07 08 09 10 11 12												22 HARTFIELD AVENUE											

Profession / Occupation AT COLLEGE												City												State				Zip			
Hotel SHARON												ELSTREE												HERTS				WD6 3J6			
**												Country												Phone No.							
**												ENGLAND												01 2075678							

Arrival												L4318 7296												29.6.89												625 30/6/89											
Airline & Flight No.												Date												Time of Arrival																							

Departure												L4315 742												14.7.89												12 noon											
Airline & Flight No.												Date												Time of Departure																							

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

Name												Sport											
MICHAEL ABRAHAM												PISTOL SHOOTING											
1223																							

Signature											
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To be Completed by Head of Family

ACCOMPANIED BY:

ROSALIND ABRAHAM  
DONNA ABRAHAM

20472											
20471											

14.5.89  
Date

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

Entry Form by Name

\*\* NOC

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2	0	4	7	1
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V.I.P.

Family Name												First Name												Date of birth			Sex		Food Type *						
ABRAHAM												DONNA												Day Month Year			F M		01 - REGULAR <input checked="" type="checkbox"/> 02 - VEGETARIAN						
26												01												75			<input checked="" type="checkbox"/>								
Passport No.												Participation At Previous Maccabiot *												Address (No. - Street - Apt)											
161399K												01 02 03 04 05 06 07 08 09 10 11 12												22 HARTFIELD AVENUE											

Profession / Occupation												City												State												Zip											
SCHOOLS IRL												ELSTREE												HERTS												WD6 3JL											
Hotel												Country												Phone No.																							
SHARON												ENGLAND												01 2075678																							

Arrival												Airline & Flight No.												Date												Time of Arrival												To be Completed by Head of Family											
LY318												7296												29.6.89												6.25 30/6/89																							
**												**																																															

Departure												Airline & Flight No.												Date												Time of Departure												ACCOMPANIED BY:											
LY315												7142												14.7.89												12 noon												ROSALIND ABRAHAM											
																																																NICOLA ABRAHAM											
**												**												**												**																							

If Family Members are Athletes or part of a Delegation please give details:												Name												Sport												**											
												MICHAEL ABRAHAM												PISTOL SHOOTING												1223											
																																				**											
																																				**											

Signature												Date											
												14.5.89											

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

Entry Form by Name

\*\* NOC

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V.I.P.

Family Name												First Name												Date of birth			Sex		Food Type *						
ABRAHAM S												ROSALIND												Day	Month	Year	F	M	01 - REGULAR <input checked="" type="checkbox"/>	02 - VEGETARIAN					
882938C												01 02 03 04 05 06 07 08 09 10 11 12												22 HARTFIELD AVENUE											

Profession / Occupation												City												State			Zip		
HOUSEWIFE												ELSTREE												HERTS			WD6 3JE		
Hotel												Country												Phone No.					
SHARON												ENGLAND												01 2075678					

Arrival												Time of Arrival											
LY 318												6.25 30/6/89											

Departure												Time of Departure											
LY 315												12 noon											

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

Name	Sport
MICHAEL ABRAHAM S	PISTOL SHOOTING


Signature

To be Completed by Head of Family

ACCOMPANIED BY:

NICOLA ABRAHAM S
DONNA ABRAHAM S

2	0	4	7	0
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14 5 89

Date

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

### Entry Form by Name

\*\* NOC

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2	0	4	7	4
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V.I.P.

Family Name										First Name										Date of birth			Sex		Food Type *				
BALCOMBE										MARGARET										Day Month Year			F M		01 REGULAR 02 - VEGETARIAN				
Passport No.										Participation At Previous Maccabiot *										Address (No. - Street - Apt)									
737308F										01 02 03 04 05 06 07 08 09 10 11 12										3 TURNER DRIVE									

Profession / Occupation HOUSE WIFE

Hotel DAN ACCADIA HERZLIA

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City State Zip

LONDON NW11 6TX

Country Phone No.

ENGLAND 01455 3959

Arrival LY 316 7022 2/7/89 23.25

Airline & Flight No. Date Time of Arrival

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Departure LY 315 7142 14/7/89 12.00

Airline & Flight No. Date Time of Departure

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

Name	Sport	**
PAUL P. BALCOMBE	RUGBY	1322

To be Completed by Head of Family

ACCOMPANIED BY:

**				
**				
**				
**				
**				

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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20473



V.I.P.

Family Name												First Name												Date of birth			Sex		Food Type *						
BALCOMBE												VICTORIA												Day Month Year			F M		01 REGULAR 02 - VEGETARIAN						
Passport No.												Participation At Previous Maccabiot *												Address (No. - Street - Apt)											
087030R												01 02 03 04 05 06 07 08 09 10 11 12												33 BARING STREET											

Profession / Occupation												City												State			Zip		
P.A.												LONDON NI 3DS																	
Hotel												Country												Phone No.					
DAN ACCADIA HERZLIA												ENGLAND												013545278					

Arrival		Airline & Flight No.		Date		Time of Arrival	
LY 316		7022		2/7/89		23.25.	

Departure		Airline & Flight No.		Date		Time of Departure	
LY 315		7147		14/7/89		12.00.	

If Family Members are Athletes or part of a Delegation please give details:		Name		Sport		Age	
		PAUL P. BALCOMBE		RUGBY		1322	

To be Completed by Head of Family

ACCOMPANIED BY:

Signature

Date

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

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

### Entry Form by Name

\*\* NOC

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2	0	4	7	5
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V.I.P.

Family Name										First Name										Date of birth Day Month Year			Sex F M		Food Type * <input checked="" type="checkbox"/> REGULAR 02 - VEGETARIAN				
BALCOMBE										PHILIP										100932			✓						
Passport No.										Participation At Previous Maccabiot *										Address (No. - Street - Apt)									
673926F										01 02 03 04 05 06 07 08 09 10 11 12										3 TURNER DRIVE									

Profession / Occupation DEVELOPMENT TRUST DIRECTOR

Hotel DAN ACCADIA HERZLIA

**		
**		

City					State					Zip									
LONDON					NW11 6TX														
Country										Phone No.									
ENGLAND										014553959									

Arrival 2/17/89 LY 316 23.25  
Airline & Flight No. Date Time of Arrival

**			
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Departure 14/7/89 LY 315 12.00  
Airline & Flight No. Date Time of Departure

7022  
7142

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

PAUL P. BALCOMBE RUGBY

**	1	3	2	2
**				

To be Completed by Head of Family

ACCOMPANIED BY:

MRS M.L. BALCOMBE

MRS P.P. BALCOMBE

**	2	0	2	7	4
**	2	0	2	7	3
**					
**					
**					

92  
92

Signature

Date

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

\* Please Circle The Applicable  
\*\* For Office Use Only





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

### Entry Form by Name

\*\* NOC

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2	0	6	3	8
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V.I.P.

Family Name												First Name												Date of birth Day Month Year			Sex F M		Food Type * 01 - REGULAR 02 - VEGETARIAN						
GOLD												SIR ARTHUR																							
Passport No.												Participation At Previous Maccabiot *												Address (No. - Street - Apt)											
												01 02 03 04 05 06 07 08 09 10 11 12																							
Profession / Occupation												City												State						Zip					
Hotel DAN T.A.																																			
**																																			
Arrival EL AL 316												30/6												0025											
Airline & Flight No.												Date												Time of Arrival											
**																																			
Departure EL AL 015												5/7												10 <sup>00</sup>											
Airline & Flight No.												Date												Time of Departure											
**																																			

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

Name	Sport

**				
**				
**				

To be Completed by Head of Family

ACCOMPANIED BY:

**				
**				
**				
**				
**				

Signature

Date

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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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20480



V.I.P.

Family Name												First Name												Date of birth			Sex		Food Type *						
ISRAEL												JENNIFER												Day Month Year			F M		01 - REGULAR 02 - VEGETARIAN						
Passport No.												Participation At Previous Maccabiot * nil												Address (No. - Street - Apt)											
M386373												01 02 03 04 05 06 07 08 09 10 11 12												47 LYONS DOWN AVENUE											
Profession / Occupation												City												State						Zip					
SOLICITOR												NEW BARNET												HERTFORDSHIRE						EN6BX					
Hotel												Country												Phone No.											
THE SHARON, HERZLIA-ON-SEA												G.B.												014404505											

Arrival EL AL LY 318 29.6.89 6.25  
Airline & Flight No. Date Time of Arrival

Departure EL AL LY 315 14.7.89 12.00 noon  
Airline & Flight No. Date Time of Departure

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

Name Sport  
V. ISRAEL TENNIS

\*\* 1405

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To be Completed by Head of Family

ACCOMPANIED BY:

VICTOR ISRAEL

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Signature

13.5.89  
Date

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

### Entry Form by Name

\*\* NOC

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2	0	6	3	6
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V.I.P.

Family Name												First Name												Date of birth Day Month Year			Sex F M		Food Type *						
PALMER												CHARLES																	01 - REGULAR 02 - VEGETARIAN						
Passport No.												Participation At Previous Maccabiot *												Address (No. - Street - Apt)											
												01 02 03 04 05 06 07 08 09 10 11 12																							
Profession / Occupation												City												State						Zip					
Hotel DAN S.A.																								Country						Phone No.					
												GBR																							

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9	3
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Arrival EL AL 316

2/7  
Date

23<sup>25</sup>  
Time of Arrival

To be Completed by Head of Family

Departure EL AL 315

14/7  
Date

13<sup>20</sup>  
Time of Departure

ACCOMPANIED BY:

JOHANA GREENBERG

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2	0	6	3	7
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If Family Members are Athletes or part of a Delegation please give details:  
Name Sport

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Signature

Date

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13th 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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20462



V.I.P.

Family Name												First Name												Date of birth Day Month Year			Sex F M		Food Type *						
RAYHAN												BERYL															X		01 - REGULAR 02 - VEGETARIAN						
Passport No.												Participation At Previous Maccabiot *												Address (No. - Street - Apt)											
												01 02 03 04 05 06 07 08 09 10 11 12																							
Profession / Occupation												City												State						Zip					
Hotel												Country												Phone No.											
7281												ENGLAND																							

Arrival LY 016 7281 28.6.  
Airline & Flight No. Date Time of Arrival

Departure SELAL & LY 315 7/49 18.7. 12:00  
Airline & Flight No. Date Time of Departure

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

Name	Sport

To be Completed by Head of Family

ACCOMPANIED BY:



**				
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**				

Signature

Date

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

\* Please Circle The Applicable  
\*\* For Office Use Only





Family Name												First Name												Date of birth			Sex		Food Type *										
RAYMAN												ERIC												Day Month Year			F M		01 - REGULAR 02 - VEGETARIAN										
797331 F												01 02 03 04 05 06 07 08 09 10 11 12												8 LINDEN LEA															

Profession / Occupation												City												State			Zip			
COMPANY DIRECTOR												LONDON												M2			028			
Hotel												Country												Phone No.						
HILTON HOTEL												ENGLAND												014583055						

Arrival												Time of Arrival												To be Completed by Head of Family											
28 JUNE 1989												1200												ACCOMPANIED BY:											
Airline & Flight No.												Date												Date											
AL 1315												18 JULY												20462											

If Family Members are Athletes or part of a Delegation please give details:												Date																							
Name												Sport												Date											
BOUL RAYMAN												TREASURER												20462											
BOUL RAYMAN												BROOKING CHAIRMAN												20462											

Signature												Date											
E. Olegon												20462											





13th 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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20641



V.I.P.

Family Name												First Name												Date of birth Day Month Year			Sex F M		Food Type *						
TURNER												DAVID																	01 - REGULAR 02 - VEGETARIAN						
Passport No.												Participation At Previous Maccabiot *												Address (No. - Street - Apt)											
												01 02 03 04 05 06 07 08 09 10 11 12																							
Profession / Occupation												City												State						Zip					
Basketball Observer																																			
Hotel												Country												Phone No.											
DAN TEL-AVIV												ENGLAND																							

Arrival EL-AL 316 4/7 23:25  
Airline & Flight No. Date Time of Arrival

Departure EL-AL 353 12/7 07:10  
Airline & Flight No. Date Time of Departure

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

Name	Sport

To be Completed by Head of Family

ACCOMPANIED BY:

**				
**				
**				
**				
**				

Signature

Date

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989  
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\* Please Circle The Applicable  
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13th Maccabiah Organizing Committee  
Kfar Maccabiah  
Ramat-Gan 52105  
Israel  
Tel: 03-715733 Fax: 03-772059  
Telex: 33319 MACAB IL.

Entry Form by Name

\*\* NOC

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20460



V.I.P.

Family Name												First Name												Date of birth			Sex		Food Type *						
																								Day Month Year			F M		01 REGULAR 02 - VEGETARIAN						
URBAN												RICHARD												21 4 24					✓						
Passport No.												Participation At Previous Maccabiot *												Address (No. - Street - Apt)											
M 437127												01 02 03 04 05 06 07 08 09 10 11 12												6 HILLCREST AVENUE											

Profession / Occupation MANAGER

Hotel KFAR MACCABIAH

Arrival BA 660 729Y JUNE 29<sup>th</sup> 89 04:10pm

Airline & Flight No.

Departure ROM TO TIA 14.7.89

Airline & Flight No.

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

Name Sport

Member of the organizing committee

Signature

Date

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989  
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\* Please Circle The Applicable  
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13th Maccabiah Organizing Committee  
Kfar Maccabiah  
Ramat-Gan 52105  
Israel  
Tel: 03-715733 Fax: 03-772059  
Telex: 33319 MACAB IL.

### Entry Form by Name

\*\* NOC

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20461



V.I.P.

Family Name										First Name										Date of birth Day Month Year			Sex F M		Food Type * 01 - REGULAR <input checked="" type="checkbox"/> 02 - VEGETARIAN				
URBAN										RUTH										17 7 23			<input checked="" type="checkbox"/>						
Passport No.										Participation At Previous Maccabiot *										Address (No. - Street - Apt)									
288060 R										01 02 03 04 05 06 07 08 09 10 11 12										6 HILLCREST AVENUE									

Profession / Occupation <u>HOUSEWIFE</u>										City										State										Zip									
										EDGWARE										MIDDLESEX										HA8 8P 7									
Hotel <u>KEAR MACCABIA</u>										Country										Phone No.																			
										ENGLAND										01 958 7623																			

Arrival BA 660 7294 JUNE 29<sup>th</sup> 89 04.10 Am

Airline & Flight No. Date Time of Arrival

Departure LOW 1. T.A. 14.7.89

Airline & Flight No. Date Time of Departure

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

Name	Sport
Wife of Member of Organizing Committee	

Signature [Signature]

To be Completed by Head of Family

ACCOMPANIED BY:



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**				

Date

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

### Entry Form by Name

\*\* NOC

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2	0	4	6	4
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V.I.P.

Family Name	First Name	Date of birth Day Month Year	Sex F M	Food Type * 01 - REGULAR 02 - VEGETARIAN
GRADON	KENNETH JACOB	20 7 19	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)		
<del>733252A</del> 743908F	01 02 <input checked="" type="checkbox"/> 03 <input checked="" type="checkbox"/> 04 <input checked="" type="checkbox"/> 05 <input checked="" type="checkbox"/> 06 <input checked="" type="checkbox"/> 07 <input checked="" type="checkbox"/> 08 <input checked="" type="checkbox"/> 09 <input checked="" type="checkbox"/> 10 <input checked="" type="checkbox"/> 11 <input checked="" type="checkbox"/> 12 <input checked="" type="checkbox"/>	4 MEADWAY GATE		

Profession / Occupation	City	State	Zip
CO-DIRECTOR	LONDON	UK	W11 7CB
Hotel	Country	Phone No.	
KFAR MACCABIA	UK	458 3645	

Arrival	Airline & Flight No.	Date	Time of Arrival
EL AL	41318	30/6/89	06.25

Departure	Airline & Flight No.	Date	Time of Departure
EL AL	41318	13/7/89	12.00

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

Signature

To be Completed by Head of Family

ACCOMPANIED BY:

**			
**			
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**			

8/5/89  
Date

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

Entry Form by Name

\*\* NOC

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20	8	3	6
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V.I.P.

Family Name												First Name												Date of birth			Sex		Food Type *						
COHEN												MARCEL												Day	Month	Year	F	M	01 - REGULAR 02 - VEGETARIAN						
Passport No.												Participation At Previous Maccabiot *												Address (No. - Street - Apt)											
I193250												01	02	03	04	05	06	07	08	09	10	11	12	DIEPENBROCKSTR. 9											
Profession / Occupation												City												State						Zip					
												AMSTERDAM												1077UX											
Hotel												Country												Phone No.											
Moriah / Diplomat												HOLLAND																							

Profession / Occupation

Hotel Moriah / Diplomat

Arrival KL 521  
Airline & Flight No.

Departure KL 522  
Airline & Flight No.

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


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**				

To be Completed by Head of Family

ACCOMPANIED BY:

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**				

Signature

Date

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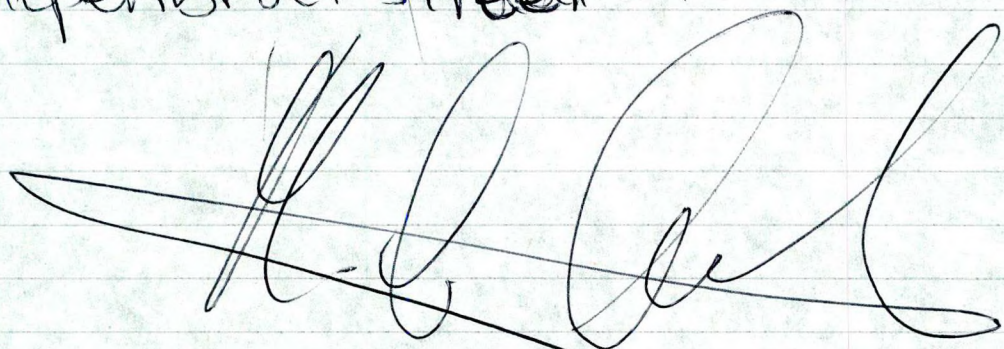
I, Marcel Cohen, announce  
that the Holand Maccabi Comity  
will pay the VIP package i've  
got.

In case they won't pay it,  
I'll pay the 500\$ for the package.

Marcel Louis Cohen

Amsterdam

Diepenbroekstreet 9

A stylized, cursive handwritten signature in black ink, likely reading 'Marcel Cohen'. The signature is written over a horizontal line that extends across the page.





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

Entry Form by Name

\*\* NOC

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V.I.P.

Family Name												First Name												Date of birth Day Month Year			Sex F M		Food Type *						
PRINS-MOL												HANNA												170642			X		01 - REGULAR 02 - VEGETARIAN						
Passport No.												Participation At Previous Maccabiot *												Address (No. - Street - Apt)											
1542355												01 02 03 04 05 06 07 08 09 10 11 12												VOOR DE POORT 20											
Profession / Occupation												City												State						Zip					
												AMSTELVEEN																		1103KR					
Hotel												Country												Phone No.											
HILTON T.A												HOLLAND																							

Arrival KL 525 7272 27/6 16.25  
Airline & Flight No. Date Time of Arrival

Departure 13/7 L.Y 7139 9.00  
Airline & Flight No. Date Time of Departure

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

Name	Sport	**

To be Completed by Head of Family

ACCOMPANIED BY:

Prins Alexander

\*\* 20539

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30/5/89  
Date

Signature

H. Smalhout

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Please attach an identity photo to this entry form.

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

Entry Form by Name

\*\* NOC

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2	0	5	3	9
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V.I.P.

Family Name										First Name										Date of birth Day Month Year			Sex F M		Food Type *														
PRINS										ALEXANDER										050238			X		01 - REGULAR 02 - VEGETARIAN														
Passport No.										Participation At Previous Maccabiot *										Address (No. - Street - Apt)																			
360202M										01 02 03 04 05 06 07 08 09 10 11 12										VOOR DE POORT 20																			
Profession / Occupation										City										State										Zip									
										AMSTELVEEN																				1103KR									
Hotel										Country										Phone No.																			
HILTON T.A.										HOLLAND																													

Arrival 27/6 KL 525 27/6 16.25  
Airline & Flight No. Date Time of Arrival

Departure 13/7 7139 LY 9.00  
Airline & Flight No. Date Time of Departure

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

Name	Sport

**				
**				
**				

To be Completed by Head of Family

ACCOMPANIED BY:

Prins - Mol Hanna

**	2	0	5	3	8
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30/5/89  
Date

Signature

H. Smalhout

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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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20541



V.I.P.

Family Name										First Name										Date of birth Day Month Year			Sex F M		Food Type *														
STORK-KLEYN										DANIELLA										210241			X		01 - REGULAR 02 - VEGETARIAN														
Passport No.										Participation At Previous Maccabiot *										Address (No. - Street - Apt)																			
938438N										01 02 03 04 05 06 07 08 09 10 11 12										BACHPLEIN 10																			
Profession / Occupation										City										State										Zip									
										AMSTERDAM																				107763									
Hotel										Country										Phone No.																			
Hilton T.A.										HOLLAND																													

\*\*

Profession / Occupation

\*\*

Hotel

Arrival

KL 525

7272

27/6

17<sup>30</sup>

Airline & Flight No.

Date

Time of Arrival

Departure

LY 337

713<sup>41</sup>

13/7

10<sup>00</sup>

Airline & Flight No.

Date

Time of Departure

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

Name	Sport
Stork Bashan	Tennis
Stork Alexander	Tennis


Signature

To be Completed by Head of Family

ACCOMPANIED BY:

Stork J.

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20542

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30/89

Date

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\* Please Circle The Applicable  
\*\* For Office Use Only





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

VIP

92



Entry Form by Name

\*\* NOC

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2	0	5	4	8
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V.I.P.

Family Name												First Name												Date of birth			Sex		Food Type *																		
GORIN DR.												DEBORAH												Day Month Year			F M		01 - REGULAR 02 - VEGETARIAN																		
230459												X																																			
Passport No.												Participation At Previous Maccabiot *												Address (No. - Street - Apt)																							
I071206												01 02 03 04 05 06 07 08 09 10 11 12												KIEFSKAMP 44																							
Profession / Occupation												City												State												Zip											
Doctor												AMSTERDAM																								1002KA											
Hotel												Country												Phone No.																							
Plaza TA.												HOLLAND																																			
**																																															

Arrival 27/6 LY 036 27/6 1630  
Airline & Flight No. Date Time of Arrival

Departure 16/7 LY 337 16/7 0930  
Airline & Flight No. Date Time of Departure

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

Name	Sport
Smalhout H. D. husband.	ass. Chef de Mission

To be Completed by Head of Family

ACCOMPANIED BY:

**				
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**				
**				

30/5/89  
Date

\* Please Circle The Applicable  
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Please attach an identity photo to this entry form.

H. Smalhout





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

### Entry Form by Name

\*\* NOC

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2	0	5	4	2
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V.I.P.

Family Name												First Name												Date of birth			Sex		Food Type *						
STORK												JOHAN												Day Month Year			F M		01 - REGULAR 02 - VEGETARIAN						
201039												X																							
Passport No.												Participation At Previous Maccabiot *												Address (No. - Street - Apt)											
I073039												01 02 03 04 05 06 07 08 09 10 11 12												BACHPLEIN 10											

Profession / Occupation												City												State												Zip											
Doctor												AMSTERDAM																								107763											
Hotel												Country												Phone No.																							
Hilton T.A												HOLLAND																																			

Arrival												To be Completed by Head of Family											
27/6'09 KL 525												ACCOMPANIED BY:											
Airline & Flight No.												Stork - Klyn D.E.											
Date																							
Time of Arrival																							
17:30																							
Departure																							
LY 337																							
Airline & Flight No.																							
Date																							
Time of Departure																							
10:00																							

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

Name	Sport
Stork Alexander	Tennis
Stork Bastiaan	Tennis

**	3	6	5	9
**	3	6	6	0
**				

**	2	0	5	4	1
**					
**					
**					
**					

Signature

30/09  
Date

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

\* Please Circle The Applicable  
\*\* For Office Use Only





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

Entry Form by Name

\*\* NOC

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2	0	5	4	4
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V.I.P.

Family Name												First Name												Date of birth Day Month Year			Sex F M		Food Type *						
GEUNIS VAN												L I Z												180646			X		01 - REGULAR 02 - VEGETARIAN						
Passport No.												Participation At Previous Maccabiot *												Address (No. - Street - Apt)											
146990G												01 02 03 04 05 06 07 08 09 10 11 12												REAMURSTR. 5											

Profession / Occupation												City												State												Zip											
												BADHOEVERDORP																								1171CA											
Hotel												Country												Phone No.																							
PLAZA TEL AVIV												HOLLAND																																			
(Shofayim 27/6 - 29/6)																																															

Arrival												Time of Arrival											
27/6 LY 036 27/6												1630											
Airline & Flight No.												Date											

Departure												Time of Departure											
LY 337 7/66 15/7												0830											
Airline & Flight No.												Date											

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

Name	Sport
Geuns van, Carel	Team official


Signature

H. Smalhout

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Please attach an identity photo to this entry form.

To be Completed by Head of Family

ACCOMPANIED BY:

**				
**				
**				
**				
**				

30/5/89  
Date

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

Entry Form by Name

\*\* NOC

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2	0	5	4	3
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V.I.P.

Family Name												First Name												Date of birth Day Month Year			Sex F M		Food Type *						
VYTH												ELLIS												051147			X		01 - REGULAR 02 - VEGETARIAN						
Passport No.												Participation At Previous Maccabiot *												Address (No. - Street - Apt)											
D007402												01 02 03 04 05 06 07 08 09 10 11 12												G. vd Veenstr. 90											

Profession / Occupation												City												State												Zip											
												AMSTERDAM																								1077EL											
Hotel												Country												Phone No.																							
PLAZA T.A. (SHEFAYIM from 27/6 - 29/6)												HOLLAND																																			

Arrival												Time of Arrival											
LY 036 2716 27/6												1630											
Airline & Flight No.												Date											
LY 337 7166 16/7												030											
Airline & Flight No.												Date											

If Family Members are Athletes or part of a Delegation please give details:											
Name Sport											
M. Koster Ass. Chef de Mission											
3654											

To be Completed by Head of Family											
ACCOMPANIED BY:											

Signature

H. Smalhout

37/5 89  
Date

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

Entry Form by Name

\*\* NOC

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2	0	4	6	6
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V.I.P.

Family Name										First Name										Date of birth Day Month Year			Sex F M		Food Type * 01 - REGULAR 02 - VEGETARIAN				
DELLA PERGOLA										MASSIMO										11 07 12			X						
Passport No.										Participation At Previous Maccabiot *										Address (No. - Street - Apt)									
L775009										01 02 03 04 05 06 07 08 09 10 11 12										7 VIA MARCO DE MARCHI									

Profession / Occupation										City										State										Zip									
JOURNALIST										20121 MILANO										ITALY																			
Hotel										Country										Phone No.																			
CARLTON TEL AVIV										ITALY										6552416 OR 877785																			

Arrival										Date										Time of Arrival									
FROM ZURICH SWISSAIR / 332										28/06/89										7 PM									

Departure										Date										Time of Departure									
TO ACCADIA HOTEL HERZLIYA										14/07 - 30/07																			

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

Signature

To be Completed by Head of Family

ACCOMPANIED BY:  
HIS WIFE, PINTO ADELE, PASS-  
PORT N. 532097 F  
REFERENCE: YOUR LETTER MAY 3, 89,  
(ZURAVIV) AND YOUR RECEIPT  
N. 216, 23/04/89.

**	2	0	4	6	5	58
**						
**						
**						
**						

25/05/89  
Date

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13th Maccabiah  
המכביה ה-13  
מרכז הספורט הלאומי - רמת גן

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

# Entry Form by Name

\*\* NOC

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2	0	6	0	0
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V.I.P

Family Name										First Name										Date of birth			Sex		Food Type *				
P R E C I A D O										A L I N E										Day Month Year			F M		01 - REGULAR 02 - VEGETARIAN				
1 1 1 1 6 9																				X									
Passport No.										Participation At Previous Maccabiot *										Address (No. - Street - Apt)									
M H - 1 5 0 3 9										01 02 03 04 05 06 07 08 09 10 11 12										F U E N T E D E L P E S C A D O R 5 3									

Profession / Occupation ESTUDIANTE

Hotel 3018

Arrival EL-AL 001 (FROM NEW YORK) 3/JUL/89

Airline & Flight No. 3018 Date 3/JUL/89

Departure 3018

Airline & Flight No. 3018

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

Name 3018 Sport 3018

Name 3018 Sport 3018

Name 3018 Sport 3018

Name 3018 Sport 3018

Signature 3018

City T E C A M A C H A L C O State M E X I C O Zip D.F.

Country M E X I C O Phone No. 3018

Country M E X I C O Phone No. 3018

Country M E X I C O Phone No. 3018

Country M E X I C O Phone No. 3018

Country M E X I C O Phone No. 3018

Country M E X I C O Phone No. 3018

Country M E X I C O Phone No. 3018

Country M E X I C O Phone No. 3018

Country M E X I C O Phone No. 3018

Country M E X I C O Phone No. 3018

Country M E X I C O Phone No. 3018

Country M E X I C O Phone No. 3018

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PERJ - PANAMA  
S.A.





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

### Entry Form by Name

\*\* NOC

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2	0	5	5	0
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V.I.P.

Family Name												First Name												Date of birth			Sex		Food Type *																														
A C R I C H												A N A L Y N												Day Month Year			F M		01 - REGULAR																														
2 0 1 2 6 9												X														02 - VEGETARIAN																																	
Passport No.												Participation At Previous Maccabiot *												Address (No. - Street - Apt)																																			
8 - 1 3 6 - 3 3 6												01 02 03 04 05 06 07 08 09 10 11 12												P.O. BOX 9 5 2																																			
Profession / Occupation												STUDENT												City												State												Zip											
PAN A M A												PAN AM A												1																																			
Hotel												Country												Phone No.																																			
PAN AM A												6 4 - 7880																																															

Arrival		Airline & Flight No.		Date		Time of Arrival	
3018							
Departure		Airline & Flight No.		Date		Time of Departure	
If Family Members are Athletes or part of a Delegation please give details:							
Name		Sport					
JAIME ACRICH		SOFTBALL		1851			
AIDA ACRICH		TENNIS					
WALTER ACRICH		SOFTBALL		1850			

To be Completed by Head of Family			
ACCOMPANIED BY:			

Andyn Acrich  
Signature

Date

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

Entry Form by Name

\*\* NOC

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2	0	5	5	2
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V.I.P.

Family Name												First Name												Date of birth			Sex		Food Type *																		
B E N A I M												B E T T Y												Day Month Year			F M		01 - REGULAR																		
0 8 0 2 4 6												X														02 - VEGETARIAN																					
Passport No.												Participation At Previous Maccabiot *												Address (No. - Street - Apt)																							
8 - 1 1 0 - 1 9 7												01 02 03 04 05 06 07 08 09 10 11 12												P.O. B O X 8 7 9 5																							
Profession / Occupation												City												State												Zip											
PHYSCHOLOGIST												P A N A M A												P A N A M A												5											
Hotel												Country												Phone No.																							
**												P A N A M A												2 3 - 7 5 7 2																							

Arrival 3018 Airline & Flight No. 3018 Date 3018 Time of Arrival 3018

Departure 3018 Airline & Flight No. 3018 Date 3018 Time of Departure 3018

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

Name	Sport
JACOBO BENAİM	TENNIS MASTER

Name	Sport

Betty S. de Benaim  
Signature

To be Completed by Head of Family

ACCOMPANIED BY:

GABRIEL BENAİM

ABNER BENAİM

**				
**				
**				
**				
**				

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

\*\*

20540



V.I.P.

Family Name												First Name												Date of birth			Sex		Food Type *																		
B E T T S A K												M A R I A												Day Month Year			F M		01 - REGULAR																		
0 4 0 9 4 4																								X					02 - VEGETARIAN																		
Passport No.												Participation At Previous Maccabiot *												Address (No. - Street - Apt)																							
3 - 4 4 - 9 4 4												01 02 03 04 05 06 07 08 09 10 11 12												P.O. B O X 1 8 7 8																							
Profession / Occupation												City												State												Zip											
												P A N A M A												P A N A M A												1											
Hotel												Country												Phone No.																							
												P A N A M A												6 9 - 0 4 9 5																							

Arrival LH 401 30/61 15:00  
Airline & Flight No. Date Time of Arrival

Departure     
Airline & Flight No. Date Time of Departure

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

Name	Sport	**
JOSEPH BETTSACK	CHESS	1883
ELLIS YOHROS	SWIMMER	1881
ABRAHAM BETTSACK	TABLE TENNIS	1884

M. Bettsack  
Signature

To be Completed by Head of Family

ACCOMPANIED BY:

EVA YOHROS

\*\* 20547

\*\*

\*\*

\*\*

\*\*

Date

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Please attach an identity photo to this entry form.

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**13th maccabiah**  
המכביה ה-13

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

# Entry Form by Name

\*\* NOC

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20602



V.I.P.

Family Name												First Name												Date of birth			Sex		Food Type *																		
D A B A H												V I C T O R R.												Day Month Year			F M		01 - REGULAR 02 - VEGETARIAN																		
8 - 1 6 4 - 9 6 4												P . O . B O X 2 0 4 4												1 5 0 5 5 3			X																				
Passport No.												Participation At Previous Maccabiot *												Address (No. - Street - Apt)																							
8 - 1 6 4 - 9 6 4												01 02 03 04 05 06 07 08 09 10 11 12												P . O . B O X 2 0 4 4																							
Profession / Occupation												City												State												Zip											
COMERCIANTE												P A N A M A												P A N A M A												1											
Hotel												Country												Phone No.																							
**												P A N A M A												6 2 - 7 0 5 1																							

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

To be Completed by Head of Family

ACCOMPANIED BY:

**				
**				
**				
**				
**				

Signature

Date

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

\* Please Circle The Applicable  
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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  
[ ] [ ] [ ]

\*\* 26555



Family Name												First Name												Date of birth Day Month Year			Sex F M		Food Type * 01 - REGULAR 02 - VEGETARIAN						
F A L L A S												S A R A												1 5 0 8 7 1			X								
Passport No.												Participation At Previous Maccabiot *												Address (No. - Street - Apt)											
Z -63 7 4 7 0 3												01 02 03 04 05 06 07 08 09 10 11 12												O B S A R R I O C A L L E 5 4											
Profession / Occupation												City												State						Zip					
Hotel												P A N A M A												Country						Phone No.					
** [ ] [ ] [ ] [ ]												P A N A M A												2 3 - 7 5 5 5											

Arrival \_\_\_\_\_ Date \_\_\_\_\_ Time of Arrival \_\_\_\_\_

Airline & Flight No.

\*\* [ ] [ ] [ ] [ ]

Departure \_\_\_\_\_ Date \_\_\_\_\_ Time of Departure \_\_\_\_\_

Airline & Flight No.

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

\*\* [ ] [ ] [ ] [ ]

\*\* [ ] [ ] [ ] [ ]

\*\* [ ] [ ] [ ] [ ]

To be Completed by Head of Family

ACCOMPANIED BY:

\*\* [ ] [ ] [ ] [ ]

\*\* [ ] [ ] [ ] [ ]

\*\* [ ] [ ] [ ] [ ]

\*\* [ ] [ ] [ ] [ ]

\*\* [ ] [ ] [ ] [ ]

Signature

Date

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**המכביה ה-13**  
ישראל 1989

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

5-12

Entry Form by Name

\*\* NOC  
[ ] [ ] [ ]

\*\* 20601



Family Name												First Name												Date of birth Day Month Year			Sex F M		Food Type *								
H A N O N O												E Z R A E D U A R D O												2 4 0 5 5 2			X		01 - REGULAR 02 - VEGETARIAN								
Passport No.												Participation At Previous Maccabiot *												Address (No. - Street - Apt)													
8 - 4 3 1 - 8 7 8												01 02 03 04 05 06 07 08 09 10 11 12												P. O. BOX 6 9 1 0													
Profession / Occupation												City												State												Zip	
COMERCIANTE												P A N A M A												P A N A M A												5	
Hotel												Country												Phone No.													
** [ ] [ ] [ ] [ ]												P A N A M A																									

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

To be Completed by Head of Family

ACCOMPANIED BY:

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

x E. E. Hammond  
Signature

Date

\* Please Circle The Applicable  
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Please attach an identity photo to this entry form.





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

### Entry Form by Name

\*\* NOC

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2	0	5	5	6
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V.I.P.

Family Name												First Name												Date of birth			Sex		Food Type *																		
H E R E S												L U N A												Day	Month	Year	F	M	01 - REGULAR																		
8 - 2 3 2 - 8 1												01 02 03 04 05 06 07 08 09 10 11 12												1	8	0	7	6	4	X		02 - VEGETARIAN															
Passport No.												Participation At Previous Maccabiot *												Address (No. - Street - Apt)																							
8 - 2 3 2 - 8 1												01 02 03 04 05 06 07 08 09 10 11 12																																			
Profession / Occupation												City												State												Zip											
INTERIOR DESIGN												P. O. B O X												4 0 6 2												Z O N A L I B R E C O L O N											
Hotel												Country												Phone No.																							
												P A N A M A												R E P. D E P A N A M A												64-67 4 2											

Arrival 1B 886 30/6 18.30  
Airline & Flight No. Date Time of Arrival

Departure     
Airline & Flight No. Date Time of Departure

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

**				
**				
**				

To be Completed by Head of Family

ACCOMPANIED BY:

**				
**				
**				
**				
**				

Date

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

### Entry Form by Name

\*\* NOC

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2	0	5	3	7
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V.I.P.

Family Name												First Name												Date of birth Day Month Year			Sex F M		Food Type *														
M I Z R A C H I												T O V A												2 60 57 2			X		01 - REGULAR 02 - VEGETARIAN														
Passport No.												Participation At Previous Maccabiot *												Address (No. - Street - Apt)																			
8 -3 0 9 - 4 2 2												01 02 03 04 05 06 07 08 09 10 11 12												P.O. B O X 1 6 2 P A N A M A 9 A																			
Profession / Occupation												STUDENT												City												State				Zip			
Hotel												3018												P A N A M A																			
																								Country												Phone No.							
																								P A N A M A												2 3 - 9 9 8 1							

Arrival \_\_\_\_\_ Date \_\_\_\_\_ Time of Arrival \_\_\_\_\_

Airline & Flight No.

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Departure \_\_\_\_\_ Date \_\_\_\_\_ Time of Departure \_\_\_\_\_

Airline & Flight No.

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

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To be Completed by Head of Family

ACCOMPANIED BY:

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*Tova Mizgachi*  
Signature

Date

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

Entry Form by Name

\*\* NOC

\*\*

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2	0	5	4	7
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V.I.P.

Family Name												First Name												Date of birth			Sex		Food Type *																		
Y O H R O S												E V A												Day Month Year			F M		01 - REGULAR 02 - VEGETARIAN																		
8 - 2 5 1 - 8 9 5												01 02 03 04 05 06 07 08 09 10 11 12												P.O. BOX 4 5 6 2 P A N A MA 5																							
Profession / Occupation												Participation At Previous Maccabiot *												Address (No. - Street - Apt)																							
HOUSEWIFE																								P A N A M A																							
Hotel												City												State												Zip											
BASEL																								P A N A M A																							
**																								Country												Phone No.											
																								P A N A M A												6 9 - 1 6 4 9											

Arrival LH 401 30/6/89 15:00  
Airline & Flight No. Date Time of Arrival

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Departure     
Airline & Flight No. Date Time of Departure

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

Name	Sport
ELLIS YOHROS	SWIMMER
JOSEPH BETTSACK	CHESS
ABRAHAM BETTSACK	TABLE TENNIS

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1	8	8	1
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1	8	8	3
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1	8	8	4
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To be Completed by Head of Family

ACCOMPANIED BY:

MARIA BETTSACK

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2	0	5	4	0
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Date

\* Please Circle The Applicable  
\*\* For Office Use Only

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





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

### Entry Form by Name

\*\* NOC

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2	0	5	6	1
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V.I.P.

Family Name												First Name												Date of birth			Sex		Food Type *																		
C H R E M												T E R A												Day Month Year			F M		X - REGULAR																		
2 0 0 5 2 3																											X		02 - VEGETARIAN																		
Passport No.												Participation At Previous Maccabiot *												Address (No. - Street - Apt)																							
0 3 9 9 7 3												01 02 03 04 05 06 07 08 09 10 11 12												A v. - N I C A R A G U A 2 6 5 4 - L I N C E																							
Profession / Occupation												City												State												Zip											
SU CASA												L I M A																																			
Hotel												Country												Phone No.																							
MORIAH PLAZA												P E R U												2 2 9 0 3 1																							

Arrival **EL AL** Vuelo 036 **30 Junio** **17:15**  
Airline & Flight No. Date Time of Arrival

Departure **EL AL** Vuelo 036 **30 Junio** **17:15**  
Airline & Flight No. Date Time of Departure

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


To be Completed by Head of Family

ACCOMPANIED BY:


Date

\* Please Circle The Applicable  
\*\* For Office Use Only

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Please attach an identity photo to



no later than May 31, 1989

"HEBRAICA"  
ASOCIACION CULTURAL DEPORTIVA Y SOCIAL

Signature





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

### Entry Form by Name

\*\* NOC

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2	0	5	6	6
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V.I.P.

Family Name												First Name												Date of birth Day Month Year			Sex F M		Food Type *						
D R O Z D I K												E L I S E												1 6 1 2 2 1			X		X- REGULAR 02 - VEGETARIAN						
Passport No.												Participation At Previous Maccabiot *												Address (No. - Street - Apt)											
0 3 0 9 2 5												01 02 03 04 05 06 07 08 09 10 11 12												M E L O - F R A N C O - 2 7 3 J E S U S M A R I A											
Profession / Occupation												City												State						Zip					
SU CASA												L I M A																							
Hotel												Country												Phone No.											
MORIAH PLAZA												P E R U												6 1 7 4 8 9											

Arrival **EL AL Vuelo 036** **30 Junio** **17:15**  
Airline & Flight No. Date Time of Arrival

Departure **EL AL Vuelo 036** **30 Junio** **17:15**  
Airline & Flight No. Date Time of Departure

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


"HEBRAICA"  
ASOCIACION CULTURAL DEPORTIVA Y SOCIAL  
Signature

To be Completed by Head of Family

ACCOMPANIED BY:



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**				

Date

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Entry Form by Name

\*\* NOC

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2	0	5	6	8
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V.I.P.

Family Name												First Name												Date of birth			Sex		Food Type *						
F E I G E R												N O R B E R T O												Day Month Year			F M		X - REGULAR 02 - VEGETARIAN						
0 2 0 4 3 2														X																					
Passport No.												Participation At Previous Maccabiot *												Address (No. - Street - Apt)											
0 3 9 4 4 9												01 02 03 04 05 06 07 08 09 10 11 12												L O S - C A S T A Ñ O S - 4 5 6 S A N I S I D R O											
Profession / Occupation INDUSTRIAL												City												State						Zip					
												L I M A																							
Hotel MORIAH PLAZA												Country												Phone No.											
												P E R U												4 1 7 0 5 6											

Arrival EL AL 036 30 Junio 17:15  
Airline & Flight No. Date Time of Arrival

Departure Airline & Flight No. Date Time of Departure

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

Name	Sport	**

To be Completed by Head of Family

ACCOMPANIED BY:

ITALA FEIGER (Esposa)

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2	0	5	6	4
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Date

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HEBRAICA  
ASOCIACION CULTURAL DEPORTIVA Y SOCIAL  
Signature





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

### Entry Form by Name

\*\* NOC

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2	0	5	6	4
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V.I.P.

Family Name												First Name												Date of birth			Sex		Food Type *																		
F E I G E R												I T A L A												Day Month Year			F M		X- REGULAR																		
0 9 0 8 3 6																								0 9 0 8 3 6			X		02 - VEGETARIAN																		
Passport No.												Participation At Previous Maccabiot *												Address (No. - Street - Apt)																							
0 4 3 7 9 7												01 02 03 04 05 06 07 08 09 10 11 12												L O S - C A S T A Ñ O S - 4 5 6 S A N I S I D R O																							
Profession / Occupation												City												State												Zip											
SU CASA												L I M A																																			
Hotel												Country												Phone No.																							
MORIAH PLAZA												P E R U												4 1 7 0 5 6																							

Arrival EL AL 036 30 Junio 17:15

Airline & Flight No. 3001

Departure                                                               

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

Name	Sport

To be Completed by Head of Family

ACCOMPANIED BY:  
NORBERTO FEIGER (Espos)



**	2	0	5	6	5
**					
**					
**					
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"HEBRANCA"  
ASOCIACION CULTURAL DEPORTIVA Y SOCIAL  
Signature

Date

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

### Entry Form by Name

\*\* NOC

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2	0	5	6	2
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V.I.P.

Family Name												First Name												Date of birth			Sex		Food Type *																		
K A U F M A N												R A Q U E L												Day Month Year			F M		<input checked="" type="checkbox"/> - REGULAR 02 - VEGETARIAN																		
0 1 0 1 3 8												X																																			
Passport No.												Participation At Previous Maccabiot *												Address (No. - Street - Apt)																							
0 3 2 1 1 5												01 02 03 04 05 06 07 08 09 10 11 12												A v. - M I R O Q U E Z A D A - 1 6 4 - 2 3 S A N I S I D R O																							
Profession / Occupation												City												State												Zip											
SU CASA												L I M A																																			
Hotel												Country												Phone No.																							
MORIAH PLAZA												P E R U												2 2 9 7 2 5																							

Arrival EL AL Vuelo 036 30 Junio 17:15  
Airline & Flight No. Date Time of Arrival

Departure                                                                 
Airline & Flight No. Date Time of Departure

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

Name	Sport	**

To be Completed by Head of Family

ACCOMPANIED BY:

CHAIM KAUFMAN

(Esposo)



\*\* 20563

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Date

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"HEBRAICA"  
ASOCIACION CULTURAL DEPORTIVA Y SOCIAL  
Signature





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

### Entry Form by Name

\*\* NOC

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2	0	5	6	3
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V.I.P.

Family Name												First Name												Date of birth			Sex		Food Type *																		
K A U F M A N												C H A I M												Day Month Year			F M		X - REGULAR																		
2 1 0 7 3 1												X		02 - VEGETARIAN																																	
Passport No.												Participation At Previous Maccabiot *												Address (No. - Street - Apt)																							
0 4 3 7 8 7												01 02 03 04 05 06 07 08 09 10 11 12												Av. M I R O Q U E Z A D A - 1 6 4 - 2 3 SAN ISIDRO																							
Profession / Occupation												City												State												Zip											
COMERCIANTE												L I M A																																			
Hotel												Country												Phone No.																							
MORIAH PLAZA												P E R U												2 2 9 7 2 5																							

Arrival **EL AL Vuelo 036** **30 Junio** **17:15**  
Airline & Flight No. Date Time of Arrival

Departure **3001**  
Airline & Flight No. Date Time of Departure

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

To be Completed by Head of Family

ACCOMPANIED BY:

RAQUEL KAUFMAN (Esposa)



\*\* 20562

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Date

ASOCIACION CULTURAL DEPORTIVA Y SOCIAL

Signature

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

Entry Form by Name

\*\* NOC \*\*  
PER 20557



V.I.P.

Family Name												First Name												Date of birth Day Month Year			Sex F M		Food Type * X1 - REGULAR 02 - VEGETARIAN						
S L O C H O W S K I												A N N I T A												2 7 0 6 2 5			X								
Passport No.												Participation At Previous Maccabiot *												Address (No. - Street - Apt)											
1 1 5 3 8 3 9												01 02 03 04 05 06 07 08 09 10 11 12												J A V I E R - P R A D O - O E S T E - 2 3 4 4 MAGDALENA											

Profession / Occupation SU CASA

Hotel RAMADA INN

Arrival SWISS AIR 2 Julio

Airline & Flight No. 7023

City L I M A State  Zip

Country P E R U Phone No. 6 1 8 1 8 6

Departure

Airline & Flight No.  Date  Time of Departure

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

Name	Sport

To be Completed by Head of Family

ACCOMPANIED BY:

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"HEBRAICA"

ASOCIACION CULTURAL DEPORTIVA Y SOCIAL

Signature

Date

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13th maccabiah  
המכביה ה-13

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

Entry Form by Name

\*\* NOC

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2	0	5	5	8
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V.I.P.

Family Name												First Name												Date of birth			Sex		Food Type *																		
																								Day	Month	Year	F	M	<input checked="" type="checkbox"/> REGULAR	<input type="checkbox"/> VEGETARIAN																	
S	L	O	C	H	O	W	S	K	I			I	S	R	A	E	L	2	3	0	9	2	3			X																					
Passport No.												Participation At Previous Maccabiot *												Address (No. - Street - Apt)																							
1	1	5	3	8	4	0						01	02	03	04	05	06	07	08	09	10	11	12	J	A	V	I	E	R	-	P	R	A	D	O	-	O	E	S	T	E	-	2	3	4	4	MAGDALENA

Profession / Occupation INGENIERO MECANICO ELECTRICIS  
TA.

Hotel RAMADA IN

Arrival SWISS AIR 2 Julio

Airline & Flight No. 7023 Date 2 Julio

Departure SWISS AIR 2 Julio

Airline & Flight No. 7023 Date 2 Julio

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

Name	Sport

Signature "HEBRAICA"

ASOCIACION CULTURAL DEPORTIVA Y SOCIAL

Date

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ANNITA SLOCHOWSKI (Esposa)

ACCOMPANIED BY:

Date

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13th maccabiah  
המכביה ה-13

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

Entry Form by Name

\*\* NOC

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2	0	5	5	9
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V.I.P.

Family Name												First Name												Date of birth			Sex		Food Type *																																
																								Day	Month	Year	F	M																																	
T	I	N	M	A	N							E	V	A							0	6	0	5	2	9	X		X	REGULAR																															
Passport No.												Participation At Previous Maccabiot *												Address (No. - Street - Apt)																																					
4	3	6	2	4								0	1	0	2	0	3	0	4	0	5	0	6	0	7	0	8	0	9	1	0	1	1	2	G	R	A	L	-	L	A	-	F	U	E	N	T	E	-	1	5	2	S	A	N	I	S	I	D	R	O

Profession / Occupation SU CASA \*\*

Hotel MORIAH PLAZA \*\*

Arrival EL AL Vuelo 036 30 Junio 17:15

Airline & Flight No. 3001 Date Time of Arrival

Departure

Airline & Flight No. Date Time of Departure

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

Name	Sport

To be Completed by Head of Family

ACCOMPANIED BY:

ENRIQUE TINMAN (Esposo)



**	2	0	5	6	0
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**					

Date

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"HEBRAICA"  
ASOCIACION CULTURAL DEPORTIVA Y SOCIAL

Signature





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

### Entry Form by Name

\*\* NOC

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2	0	5	6	0
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V.I.P.

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

Arrival **EL AL Vuelo 036** **30 Junio** **17:15**  
Airline & Flight No. Date Time of Arrival

Departure **EL AL Vuelo 036** **30 Junio** **17:15**  
Airline & Flight No. Date Time of Departure

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

To be Completed by Head of Family

ACCOMPANIED BY:

EVA TINMAN

(Esposa)



**	2	0	5	8	9
**					
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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

\*\*

20684



V.I.P.

Family Name										First Name										Date of birth Day Month Year			Sex F M		Food Type *														
LOWINGER										BRIAN, MARC										031370			X		01 - REGULAR 02 - VEGETARIAN														
Passport No.										Participation At Previous Maccabiot *										Address (No. - Street - Apt)																			
G 554268										01 02 03 04 05 06 07 08 09 10 11 12										280 TUBINGEN																			
Profession / Occupation										City										State										Zip									
STUDENT										RIO PIEDRAS																				00921									
Hotel										Country										Phone No.																			
RAMADA										PUERTO RICO										809 7652464																			
Arrival										Date										Time of Arrival										To be Completed by Head of Family									
EL AL #36										6-30-89										5:40 A.M.										ACCOMPANIED BY:									
Airline & Flight No.										Date										Time of Arrival										L. LOWINGER									
Departure										Date										Time of Departure																			
EL AL #1										7-14-89										10 A.M.																			
Airline & Flight No.										Date										Time of Departure																			
If Family Members are Athletes or part of a Delegation please give details:										Name										Sport																			
										LAZAR LOWINGER										MASTERS TENNIS																			

Signature

6/21/89  
Date

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

Entry Form by Name

\*\* NOC

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2	0	6	8	4
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V.I.P.

Family Name												First Name												Date of birth			Sex		Food Type *						
LOWINGER												BRIAN, MARC												Day	Month	Year	F	M	01 - REGULAR	02 - VEGETARIAN					
G 554268												01 02 03 04 05 06 07 08 09 10 11 12												280 TUBINGEN											

Profession / Occupation												City												State			Zip		
STUDENT												RIO PIEDRAS															00921		
Hotel												Country												Phone No.					
RAMADA												PUERTO RICO												809 7652464					

Arrival												Date												Time of Arrival												To be Completed by Head of Family											
EL AL #36												6-30-89												5:40 A.M.												ACCOMPANIED BY:											
Airline & Flight No.																																				L. LOWINGER											
Departure												7-14-89												10 A.M.																							
Airline & Flight No.																																															

If Family Members are Athletes or part of a Delegation please give details:												Name												Sport												1620											
LAZAR LOWINGER												MASTERS TENNIS																																			

Signature												Date											
												6/21/89											

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13th Maccabiah  
המכביה ה-13  
ישראל 3-73.88

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

Entry Form by Name

\*\* NOC

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2	0	6	8	4
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V.I.P.

Family Name												First Name												Date of birth Day Month Year			Sex F M		Food Type *																		
LOWINGER												BRIAN, MARC												031370			<input checked="" type="checkbox"/>		01 - REGULAR 02 - VEGETARIAN																		
Passport No.												Participation At Previous Maccabiot *												Address (No. - Street - Apt)																							
G 554268												01 02 03 04 05 06 07 08 09 10 11 12												280 TUBINGEN																							
Profession / Occupation												City												State						Zip																	
STUDENT												RIO PIEDRAS																		00921																	
Hotel												Country												Phone No.																							
RAMADA												PUERTO RICO												809 7652464																							
Arrival												Date												Time of Arrival												To be Completed by Head of Family											
EL AL #36												6-30-89												5:45 A.M.												ACCOMPANIED BY:											
Airline & Flight No.																																															
Departure												Date												Time of Departure																							
EL AL #1												7-14-89												10 A.M.												L. LOWINGER											
Airline & Flight No.																																															
If Family Members are Athletes or part of a Delegation please give details:																																															
Name												Sport																																			
LAZAR LOWINGER												MASTERS TENNIS												1620																							
Signature																																															

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

Entry Form by Name

\*\* NOC

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2	0	6	8	4
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V.I.P.

Family Name												First Name												Date of birth			Sex		Food Type *						
																								Day	Month	Year	F	M	01 - REGULAR	02 - VEGETARIAN					
LOWINGER												BRIAN MARC												03	1	370		X							
Passport No.												Participation At Previous Maccabiot *												Address (No. - Street - Apt)											
G 554268												01 02 03 04 05 06 07 08 09 10 11 12												280 TUBINGEN											

Profession / Occupation												City		State				Zip									
STUDENT												RIO		PIEDRAS				00921									
Hotel												Country												Phone No.			
RAMADA												PUERTO RICO												809 7652444			

Arrival												Date				Time of Arrival				To be Completed by Head of Family											
EL AL #36												6-30-89				5:45 AM				ACCOMPANIED BY:											
Airline & Flight No.																															
Departure												Date				Time of Departure				L. LOWINGER											
EL AL #1												7-14-89				10 AM															
Airline & Flight No.																															

If Family Members are Athletes or part of a Delegation please give details:																															
Name												Sport																			
LAZAR LOWINGER												MASTERS TENNIS				1620															

Signature												Date			
												6/30/89			

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

\* Please Circle The Applicable  
\*\* For Office Use Only





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

### Entry Form by Name

\*\* NOC

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2	0	7	0	4
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V.I.P.

Family Name												First Name												Date of birth			Sex		Food Type *																		
SOLODUCIO												MOISES												Day Month Year			F M		01 - REGULAR 02 - VEGETARIAN																		
Passport No.												Participation At Previous Maccabiot *												Address (No. - Street - Apt)																							
												01 02 03 04 05 06 07 08 09 10 11 12												1023 PERU																							
Profession / Occupation												City												State												Zip											
Hotel												MONTVIDEO												Country												Phone No.											
SHERATON												WRINGWAY																																			

Arrival \_\_\_\_\_ Date \_\_\_\_\_ Time of Arrival \_\_\_\_\_

Airline & Flight No.

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Departure \_\_\_\_\_ Date \_\_\_\_\_ Time of Departure \_\_\_\_\_

Airline & Flight No.

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

Name

Sport

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To be Completed by Head of Family

ACCOMPANIED BY:

HELEN 21/5/29

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Signature

Date

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

### Entry Form by Name

\*\* NOC

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20704



V.I.P.

Family Name												First Name												Date of birth			Sex		Food Type *						
SOLODUCIO												MOISES												Day Month Year			F M		01- REGULAR 02- VEGETARIAN						
Passport No.												Participation At Previous Maccabiot *												Address (No. - Street - Apt)											
												01 02 03 04 05 06 07 08 09 10 11 12												1023 PERU											
Profession / Occupation												City												State						Zip					
												MONTVIDEO																							
Hotel												Country												Phone No.											
SHERATON												URUGUAY																							

Arrival \_\_\_\_\_ Date \_\_\_\_\_ Time of Arrival \_\_\_\_\_

Airline & Flight No.

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Departure \_\_\_\_\_ Date \_\_\_\_\_ Time of Departure \_\_\_\_\_

Airline & Flight No.

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

Name

Sport

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To be Completed by Head of Family

ACCOMPANIED BY:

HELEN 21/5/29

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Signature

Date

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

### Entry Form by Name

\*\* NOC

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2	0	7	0	4
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V.I.P.

Family Name												First Name												Date of birth			Sex		Food Type *						
SOLODUCIO												MOISES												Day	Month	Year	F	M	01 - REGULAR	02 - VEGETARIAN					
Passport No.												Participation At Previous Maccabiot *												Address (No. - Street - Apt)											
												01 02 03 04 05 06 07 08 09 10 11 12												1023 PERU											
Profession / Occupation												City												State						Zip					
												MUNTEVIDEO																							
Hotel												Country												Phone No.											
SHERATON												URUGUAY																							

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Arrival \_\_\_\_\_ Date \_\_\_\_\_ Time of Arrival \_\_\_\_\_

Airline & Flight No.

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Departure \_\_\_\_\_ Date \_\_\_\_\_ Time of Departure \_\_\_\_\_

Airline & Flight No.

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

Name

Sport

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To be Completed by Head of Family

ACCOMPANIED BY:

HELEN

21/5/89

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Signature

Date

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\*\* For Office Use Only





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

### Entry Form by Name

\*\* NOC

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2	0	7	0	4
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V.I.P.

Family Name												First Name												Date of birth			Sex		Food Type *																		
SOLODUCIO												MOISES												Day Month Year			F M		01 - REGULAR 02 - VEGETARIAN																		
8 9 25												X																																			
Passport No.												Participation At Previous Maccabiot *												Address (No. - Street - Apt)																							
												01 02 03 04 05 06 07 08 09 10 11 12												1023 DEPU																							
Profession / Occupation												City												State												Zip											
												MUNTEVIDEO																																			
Hotel												Country												Phone No.																							
SHERATON												URUGUAY																																			
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Arrival \_\_\_\_\_ Date \_\_\_\_\_ Time of Arrival \_\_\_\_\_

Airline & Flight No.

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Departure \_\_\_\_\_ Date \_\_\_\_\_ Time of Departure \_\_\_\_\_

Airline & Flight No.

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

Name

Sport

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**				

To be Completed by Head of Family

ACCOMPANIED BY:

HELEN 21.5/29

**	2	0	7	0	3
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Signature

Date

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SINGAPORE  
SPAIN SWITZERLAND  
SWEDEN





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

### Entry Form by Name

\*\* NOC

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V.I.P.

Family Name												First Name												Date of birth Day Month Year			Sex F <input checked="" type="radio"/> M		Food Type * 01 - REGULAR 02 - VEGETARIAN						
BAHARAV												URI																							
Passport No.												Participation At Previous Maccabiot *												Address (No. - Street - Apt)											
ID 199710												01 02 03 04 05 06 07 08 09 10 11 12												TEL-AVIV											
Profession / Occupation												City												State						Zip					
Hotel												8 GLIKSON ST												Country						Phone No.					
												S.A.																		280652					

Arrival \_\_\_\_\_ Date \_\_\_\_\_ Time of Arrival \_\_\_\_\_

Airline & Flight No.

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Departure \_\_\_\_\_ Date \_\_\_\_\_ Time of Departure \_\_\_\_\_

Airline & Flight No.

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

Name

Sport

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To be Completed by Head of Family

ACCOMPANIED BY:

**				
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Signature

Date

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13th maccabiah  
המכביה ה-13  
ישראל השנתית לסיף - ירחון 3-13.89

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

Entry Form by Name

\*\* NOC

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2	5	0	4
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V.I.P.

Family Name BRAVSKY												First Name SANDRA												Date of birth Day Month Year			Sex F M		Food Type * 01 - REGULAR 02 - VEGETARIAN																		
Passport No.												Participation At Previous Maccabiot *												Address (No. - Street - Apt)																							
												01 02 03 04 05 06 07 08 09 10 11 12												HERZELIA 25 BASEL ST																							
Profession / Occupation												City												State												Zip											
Hotel												Country												Phone No.																							
**												ISRAEL												052-575008																							

Arrival Airline & Flight No. Date Time of Arrival

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Departure Airline & Flight No. Date Time of Departure

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

**				
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**				

To be Completed by Head of Family

ACCOMPANIED BY:

**				
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Signature  
BRAVSKY Sandra

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.

S.A.

Entry Form by Name

\*\* NOC

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V.I.P.

Family Name												First Name												Date of birth			Sex		Food Type *						
KEVEHAZI												DAFNE												Day Month Year			F M		01 - REGULAR 02 - VEGETARIAN						
28 08 55												X																							
Passport No. / I.D. No.												Participation At Previous Maccabiot *												Address (No. - Street - Apt)											
5333872												01 02 03 04 05 06 07 08 09 10 11 12												KATZENELSON 19											
Profession / Occupation												City												State				Zip							
												RISHONLEZION																75218							
Hotel												Country												Phone No.											
**																								9656733											

Arrival \_\_\_\_\_ Date \_\_\_\_\_ Time of Arrival \_\_\_\_\_

Airline & Flight No.

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Departure \_\_\_\_\_ Date \_\_\_\_\_ Time of Departure \_\_\_\_\_

Airline & Flight No.

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

Name

Sport

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To be Completed by Head of Family

ACCOMPANIED BY:

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Dafne Kavehazai  
Signature

14-6-89  
Date

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

Entry Form by Name

\*\* NOC  
[ ] [ ] [ ]

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20528



Family Name												First Name												Date of birth Day Month Year			Sex F M		Food Type * 01 REGULAR 02 - VEGETARIAN						
ELLERINE												ERIC												09/1/33			X								
Passport No.												Participation At Previous Maccabiot *												Address (No. - Street - Apt)											
RPA 446172												01 02 03 04 05 06 07 08 09 10 11 12												PO Box 458											

Profession / Occupation DIRECTOR COMPANIES.

Hotel HILTON T/A

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[ ] [ ] [ ]

Arrival EZ AL LY 512  
Airline & Flight No.

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[ ] [ ] [ ]

Departure ELAL LY 001  
Airline & Flight No.

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

Name Sport

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02.07.89  
Date

0740  
Time of Arrival

14.07.89  
Date

0100  
Time of Departure

City State Zip  
GERMISTON 1400

Country Phone No.  
REP SA 531846

To be Completed by Head of Family

ACCOMPANIED BY:

MY WIFE - ROMA

MY DAUGHTER - DIONNE

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20526

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20527

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29.05.89  
Date

Signature

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

Entry Form by Name

\*\* NOC

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V.I.P.

Family Name										First Name										Date of birth Day Month Year			Sex F M		Food Type *				
ELLERINE										DIONNE										27 05 67			X		02 - VEGETARIAN				
Passport No.										Participation At Previous Maccabiot *										Address (No. - Street - Apt)									
J 23 57 1 7										01 02 03 04 05 06 07 08 09 10 11 12										P O BOX 458									

Profession / Occupation STUDENT

Hotel HILTON T/A

\*\*

Arrival EL AL LY 512 02-07-89 07:40

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Departure EL AL LY 001 14-07-89 01:00

\*\*

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

Name Sport

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Signature Manoel

City State Zip  
GERMISTON 1400

Country Phone No.  
REP S A 531846

To be Completed by Head of Family

ACCOMPANIED BY:

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Date 29-05-89

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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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20526



V.I.P.

Family Name												First Name												Date of birth			Sex		Food Type *						
ELLERINE												RONA												Day Month Year			F M		01 - REGULAR 02 - VEGETARIAN						
141138												X																							
Passport No.												Participation At Previous Maccabiot *												Address (No. - Street - Apt)											
JA 313717												01 02 03 04 05 06 07 08 09 10 11 12												PO Box 458											

Profession / Occupation												City												State												Zip											
HOUSEWIFE												GERMISTON																								1400											
Hotel												Country												Phone No.																							
HILTON T/A												REP S A												531846																							

Arrival												Date												Time of Arrival											
ELAL 4512												02-07-89												7:40											

Departure												Date												Time of Departure											
ELAL 24001 1411												14-07-89												0100											

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

*Sh. Maman*  
Signature

To be Completed by Head of Family

ACCOMPANIED BY:

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29-05-89  
Date

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

Entry Form by Name

\*\* NOC

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V.I.P.

Family Name										First Name										Date of birth			Sex		Food Type *														
KOFF										DAVE										Day Month Year			F M		01 REGULAR 02 - VEGETARIAN														
Passport No.										Participation At Previous Maccabiot *										Address (No. - Street - Apt)																			
J 1062671										01 02 03 04 05 06 07 08 09 10 11 12										59 BRADFIELDRIVE																			
Profession / Occupation										City										State										Zip									
SALES DIRECTOR										FAIRMOUNT										EXT 1										2192									
Hotel										Country										Phone No.																			
MORIANA PLAZA										REP S A																													

Arrival SAA 256 26.06.89 12.05  
Airline & Flight No. Date Time of Arrival

Departure EK PR LY511 13.07.89 2300  
Airline & Flight No. Date Time of Departure

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

Name	Sport

To be Completed by Head of Family

ACCOMPANIED BY:

**				
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Signature

Date

29.08.89

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Please attach an identity photo to this entry form.

\* Please Circle The Applicable  
\*\* For Office Use Only





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

Entry Form by Name

\*\* NOC

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20521



V.I.P.

Family Name	First Name	Date of birth Day Month Year	Sex F M	Food Type *
LURIE	SANDRA	04 01 46	X	01 - REGULAR 02 - VEGETARIAN
Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)		
J A A 0 0 1 2 6	01 02 03 04 05 06 07 08 09 10 11 12	P O BOX 18600		

Profession / Occupation HOUSEWIFE

Hotel MORIANA PLAZA

\*\*

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City	State	Zip
HILLBROW		2038
Country	Phone No.	
REP S A	4843900	

Arrival SAA 256 26.06.89 12.05

Airline & Flight No. Date Time of Arrival

\*\*

Departure EL AL 24511 13.07.89 23.00

Airline & Flight No. Date Time of Departure

\*\*

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

Name	Sport
J. LURIE	HEADS OF DELEGATION

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M. Maccabiah

Signature

To be Completed by Head of Family

ACCOMPANIED BY:

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29.05.89

Date

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989  
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\* Please Circle The Applicable  
\*\* For Office Use Only





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

Entry Form by Name

\*\* NOC

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2	0	5	2	2
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V.I.P.

Family Name												First Name												Date of birth Day Month Year			Sex F M		Food Type *						
LURIE												JACK																	01 REGULAR 02 - VEGETARIAN						
Passport No.												Participation At Previous Maccabiot *												Address (No. - Street - Apt)											
JA 00208087												01 02 03 04 05 06 07 08 09 10 11 12												P O Box 18600											
Profession / Occupation												City												State						Zip					
ACCOUNTANT												HILLBROW																		2038					
Hotel												Country												Phone No.											
MORIAHA - PLAZA												REP SA												4843900											

Arrival SAA LUFTHANSA 686m 21 June 89 15.15.  
Airline & Flight No. Date Time of Arrival

Departure EL AL 4511 7135 13.07.89 23.00.  
Airline & Flight No. Date Time of Departure

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

Name	Sport

To be Completed by Head of Family

ACCOMPANIED BY:

MY WIFE SANDRA

**	2	0	5	2	1
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29.05.89

Date

Signature

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\*\* For Office Use Only





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

92/II

Entry Form by Name

\*\* NOC

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26524



V.I.P.

Family Name												First Name												Date of birth			Sex		Food Type *						
MARCUS												JEAN												Day Month Year			F M		01 REGULAR 02 - VEGETARIAN						
Passport No.												Participation At Previous Maccabiot *												Address (No. - Street - Apt)											
C 6822A1												01 02 03 04 05 06 07 08 09 10 11 12												P O Box 8001											
Profession / Occupation												City												State						Zip					
TEXTILE DIRECTOR												CAMPS BAY																		8001					
Hotel												Country												Phone No.											
MORIAH - PLAZA												REP S A																							

\*\*

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Arrival S.A.A. 256 26.06.89 12.05

Airline & Flight No.

Date

Time of Arrival

To be Completed by Head of Family

Departure EL AL LY511 13.07.89 23.00

Airline & Flight No.

Date

Time of Departure

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

Name

Sport

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ACCOMPANIED BY:

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Signature

Date

29.05.89

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

Please attach an identity photo to this entry form.

\* Please Circle The Applicable  
\*\* For Office Use Only





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

Entry Form by Name

\*\* NOC

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V.I.P.

Family Name										First Name										Date of birth			Sex		Food Type *				
MANOIM										EVE										Day Month Year			F M		01 - REGULAR 02 - VEGETARIAN				
29 04 26										X																			
Passport No.										Participation At Previous Maccabiot *										Address (No. - Street - Apt)									
J 1136968										01 02 03 04 05 06 07 08 09 10 11 12										P O BOX 18									

Profession / Occupation										City										State										Zip									
SECRETARY										JHB																				2000									
Hotel										Country										Phone No.																			
MORIANA PLAZA										REP S A										3373000																			

Arrival										Date										Time of Arrival									
SAA. 256										26.06.89										12.09.									
Airline & Flight No.																													

Departure										Date										Time of Departure									
OPEN																													
Airline & Flight No.																													

If Family Members are Athletes or part of a Delegation please give details:														
Name					Sport									
MORTY MANOIM					HEAD OF DELEGATION									

Signature

To be Completed by Head of Family

ACCOMPANIED BY:

**				
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**				

29.05.89  
Date

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

\* Please Circle The Applicable  
\*\* For Office Use Only





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

Entry Form by Name

\*\* NOC

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2	0	5	3	3
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V.I.P.

Family Name										First Name										Date of birth			Sex		Food Type *				
MANOIM										MONTY										Day Month Year			F M		01 - REGULAR 02 - VEGETARIAN				
Passport No.										Participation At Previous Maccabiot *										Address (No. - Street - Apt)									
J 719234										01 02 03 04 05 06 07 08 09 10 11 12										P O BOX 18									

Profession / Occupation EXECUTIVE PRESIDENT

Hotel MORITIA - PLAZA

Arrival SAA. 256 26.06.89 12.05

Airline & Flight No. Date Time of Arrival

Departure OPEN 26.06.89 12.05

Airline & Flight No. Date Time of Departure

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

Name	Sport

City JHB State 2000 Zip 2000

Country REP S A Phone No. 3373000

To be Completed by Head of Family

ACCOMPANIED BY: My WIFE EVE

29.05.89

[Signature]  
Signature

29.05.89  
Date

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

\* Please Circle The Applicable  
\*\* For Office Use Only





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

Entry Form by Name

\*\* NOC

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2	0	5	2	5
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V.I.P.

Family Name										First Name										Date of birth			Sex		Food Type *				
MARCUS										SOLOMON										Day Month Year			F M		01 - REGULAR 02 - VEGETARIAN				
07 04 22										X																			
Passport No.										Participation At Previous Maccabiot *										Address (No. - Street - Apt)									
C 510842 C										01 02 03 04 05 06 07 08 09 10 11 12										P O Box 8001									

Profession / Occupation										City										State										Zip									
TEXTILE DESIGNER										CAMP S BAY																				8001									
Hotel										Country										Phone No.																			
PLAZA - MORIAHA										REP S A																													

Arrival										Date										Time of Arrival									
EL AL SAA 256										26.06.89										12.05									
Airline & Flight No.																													

Departure										Date										Time of Departure									
EL AL LY 511										13.07.89										23.00									
Airline & Flight No.																													

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

Signature

To be Completed by Head of Family

ACCOMPANIED BY:

JEAN

20524									

29.05.89.  
Date

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Please attach an identity photo to this entry form.

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

Entry Form by Name

\*\* NOC

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20531



V.I.P.

Family Name										First Name										Date of birth			Sex		Food Type *				
MARGO										CECIL STANLEY										Day Month Year 10 07 15			F M M		01 - REGULAR 02 - VEGETARIAN				
Passport No.										Participation At Previous Maccabiot *										Address (No. - Street - Apt)									
J00049609										01 02 03 04 05 06 07 08 09 10 11 12										16 SEVENTH AVENUE									

Profession / Occupation SUPREME COURT JUDGE (RET.)

Hotel MORIAN PLAZA

Arrival SAA 26.06.89

Airline & Flight No. 7135

Departure EL AL LY 511 13.07.89 23.00.

Airline & Flight No. Date Time of Departure

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

Name	Sport

City LOWER HOUGHTON State 2186 Zip

Country JOHANNESBURG Phone No. 728-4269

SOUTH AFRICA

To be Completed by Head of Family

ACCOMPANIED BY:  
WIFE (MARJORIE)

\*\* 20530

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C.S. Margo  
Signature

Mr. Margo

29.05.89  
Date

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

\* Please Circle The Applicable  
\*\* For Office Use Only





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

Entry Form by Name

\*\* NOC

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20 5 30



V.I.P.

Family Name												First Name												Date of birth			Sex		Food Type *						
MARGO												MARJORIE												Day Month Year			F M		01 - REGULAR 02 - VEGETARIAN						
08 07 30												F																							
Passport No.												Participation At Previous Maccabiot *												Address (No. - Street - Apt)											
J00049972												01 02 03 04 05 06 07 08 09 10 11 12												16 SEVENTH AVENUE											

Profession / Occupation												City												State				Zip			
HOUSEWIFE												LOWER HOUGHTON																			
Hotel												JOHANNESBURG																2186			
MORIAH PLAZA																															
**												Country												Phone No.							
												SOUTH AFRICA												728 - 4269							

Arrival												Date												Time of Arrival											
SAA												26.06.89																							
Airline & Flight No.																																			
**																																			
Departure												Date												Time of Departure											
EL AL 4511												13.07.89												23.00											
Airline & Flight No.																																			
**																																			

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

Signature: *M. Karp*

To be Completed by Head of Family

ACCOMPANIED BY:

**				
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**				

20.05.89  
Date

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\* Please Circle The Applicable  
\*\* For Office Use Only





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

Entry Form by Name

\*\* NOC

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20518



V.I.P.

Family Name	First Name	Date of birth Day Month Year	Sex F M	Food Type * 01 - REGULAR 02 - VEGETARIAN
MENDELSON	BARBARA	06 02 38	X	
Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)		
JHB 00290200	01 02 03 04 05 06 07 08 09 10 11 12	PO BOX 95		

Profession / Occupation Housewife	City	State	Zip
Hotel Moriah Plaza	CYRILDENE		2198
	Country	Phone No.	
	REPSA	6162930	

Arrival	Airline & Flight No.	Date	Time of Arrival
SAA		26.06.89	

Departure	Airline & Flight No.	Date	Time of Departure

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

Signature	Date
M. M. M. M. M.	29.05.89

To be Completed by Head of Family

ACCOMPANIED BY:

\* Please Circle The Applicable  
\*\* For Office Use Only

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





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

Entry Form by Name

\*\* NOC

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20519



V.I.P.

Family Name										First Name										Date of birth Day Month Year			Sex F M		Food Type *				
MENDELSON										GEORGE															01 - REGULAR 02 - VEGETARIAN				
Passport No.										Participation At Previous Maccabiot *										Address (No. - Street - Apt)									
J 374392										01 02 03 04 05 06 07 08 09 10 11 12										P O BOX 95									

Profession / Occupation DIRECTOR SITE. COMPANY

Hotel MORIAH PLAZA

City										State					Zip				
CYRIL DENE															2198				
Country										Phone No.									
REP S A										6162930									

Arrival LIFT H. 6:06 M 21 June 89 15:15

Airline & Flight No. 2 Date Time of Arrival

Departure TO BE ADVISED 29.05.89

Airline & Flight No. Date Time of Departure

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

Name	Sport

To be Completed by Head of Family

ACCOMPANIED BY:

MY WIFE - BARBARA.

**	2	0	5	1	8
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**					
**					
**					

29.05.89  
Date

Signature

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

\* Please Circle The Applicable  
\*\* For Office Use Only





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

Entry Form by Name

\*\* NOC

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20516



V.I.P.

Family Name	First Name	Date of birth Day Month Year	Sex F M	Food Type * X - REGULAR 02 - VEGETARIAN
RUBENSTEIN	JEFFREY	150844	X	
Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)		
J00002872	01 02 03 04 05 06 07 08 09 10 11 12	10 LARENAISSANCE		

Profession / Occupation DIRECTOR

Hotel HILTON TEL AVIV

\*\*

Arrival EL AL LYS12 7025 2-7-89

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Departure EL AL ? 10-7-89

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

Name Sport

City State Zip  
JOHANNESBURG

Country Phone No.  
SOUTH AFRICA 7883252

To be Completed by Head of Family

ACCOMPANIED BY:

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\*\*

\*\*

Date

\* Please Circle The Applicable  
\*\* For Office Use Only

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





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

13th 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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20517



V.I.P.

Family Name	First Name	Date of birth Day Month Year	Sex F M	Food Type * X REGULAR 02- VEGETARIAN
SNYMAN	LETITIA	100763	X	
Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)		
JHB00206607	01 02 03 04 05 06 07 08 09 10 11 12	10 LA RENAISSANCE		

Profession / Occupation

Hotel HILTON, TEL AVIV

Arrival EL AL

LY 512 7025

2-7-89

Departure EL AL

?

10-7-89

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

Name Sport

Letitia Snyman  
Signature

Monty Snyman

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Please attach an identity photo to this entry form.

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

Entry Form by Name

\*\* NOC

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20512



V.I.P.

Family Name												First Name												Date of birth Day Month Year			Sex F M		Food Type *						
WEI H												AVI Y												05 11 78			X		01 - REGULAR 02 - VEGETARIAN						
Passport No.												Participation At Previous Maccabiot *												Address (No. - Street - Apt)											
J 22 12 52												01 02 03 04 05 06 07 08 09 10 11 12												12 HYDE PARK HILL RUTH RD											
Profession / Occupation												City												State						Zip					
SCHOLAR												HYDE PARK																		2196					
Hotel												Country												Phone No.											
MORIN PLAZA												REP S A												281028											

Arrival EL AL LY 512 7025 02/7/89 7am  
Airline & Flight No. Date Time of Arrival

Departure SWISS AIR SR 333 7063 06/7/89 7.45  
Airline & Flight No. Date Time of Departure

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

Name	Sport

To be Completed by Head of Family

ACCOMPANIED BY:

**				
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**				
**				
**				

Signature

Date

29.05.89

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989  
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\* Please Circle The Applicable  
\*\* For Office Use Only





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

Entry Form by Name

\*\* NOC

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20514



V.I.P.

Family Name												First Name												Date of birth			Sex		Food Type *						
WEI N												CLIVE												Day Month Year			F M		01 REGULAR 02 - VEGETARIAN						
27 12 45																								X											
Passport No.												Participation At Previous Maccabiot *												Address (No. - Street - Apt)											
JA 000A1889												01 02 03 04 05 06 07 08 09 10 11 12												12 HYDE PARK HILL RUTH AV.											

Profession / Occupation												City												State												Zip											
DIRECTOR Co.												HYDE PARK																								2196											
Hotel												Country												Phone No.																							
MORIAN PLAZA												REP S A												281028																							

Arrival												Airline & Flight No.												Date												Time of Arrival											
EHAL												LY512												02.07.89												7 AM.											

Departure												Airline & Flight No.												Date												Time of Departure											
SWISS AIR												SR333												06.07.89												7.45											

If Family Members are Athletes or part of a Delegation please give details:												To be Completed by Head of Family																							
Name												Sport												ACCOMPANIED BY: JA00040602											
																								MY WIFE - LIORA 10.07.42											
																								MY SON - AVIV 05.11.78											
																								J221252											

Signature												Date											
Mr. Manner												29.05.89											

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

\* Please Circle The Applicable  
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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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20511



V.I.P.

Family Name												First Name												Date of birth Day Month Year			Sex F M		Food Type * 01 REGULAR 02 - VEGETARIAN						
WEIL												Liora												10 07 42			X								
Passport No.												Participation At Previous Maccabiot *												Address (No. - Street - Apt)											
JA 00040602												01 02 03 04 05 06 07 08 09 10 11 12												12 HYDE-PARK HILL RUTH AV											

Profession / Occupation												City												State			Zip		
TEACHER												HYDE PARK															2196		
Hotel												Country												Phone No.					
MORIAN PLAZA												REP S A												28.1028					

Arrival 2/7/89 ELAL 4512 7025 2/7/89 7Am  
Airline & Flight No. Date Time of Arrival

Departure SWISS AIR SR 333 7063 06/07/89 7.45  
Airline & Flight No. Date Time of Departure

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

Name	Sport

To be Completed by Head of Family

ACCOMPANIED BY:

**				
**				
**				
**				
**				

Signature

Date

25.05.89

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

\* Please Circle The Applicable  
\*\* For Office Use Only





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

### Entry Form by Name

\*\* NOC

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V.I.P.

Family Name												First Name												Date of birth			Sex		Food Type *																		
E L I A S												A A F J E												Day Month Year			F M		01 - REGULAR																		
2 7 2 6 0 2 / T												0 1 0 2 0 3 0 4 0 5 0 6 0 7 0 8 0 9 1 0 1 1 1 2												0 8 0 4 4 0			<input checked="" type="checkbox"/>		02 - VEGETARIAN																		
Passport No.												Participation At Previous Maccabiot *												Address (No. - Street - Apt)																							
2 7 2 6 0 2 / T												0 1 0 2 0 3 0 4 0 5 0 6 0 7 0 8 0 9 1 0 1 1 1 2												4 6 B I N J A I P A R K																							
Profession / Occupation												City												State												Zip											
H O U S E W I F E												S I N G A P O R E												2 1 5 8																							
Hotel												Country												Phone No.																							
C I T Y H O T E L												S I N G A P O R E																																			

Hotel CITY HOTEL

Arrival KLM KL521 7305 30/6 1630 HRS

Departure KLM KL522 7211 21/7 1850 HRS

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

SON - JEREMY ELIAS JUNIOR ATHLETE  
100/200 meters

Signature

To be Completed by Head of Family

ACCOMPANIED BY:

NAOMI 17.12.75 5754 0620G 20481

Date

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

Please attach an identity photo to this entry form.

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

### Entry Form by Name

\*\* NOC

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V.I.P.

Family Name												First Name												Date of birth Day Month Year			Sex F M		Food Type *						
MARSHALL												IRMA												22 04 44			✓		01 - REGULAR 02 - VEGETARIAN						
Passport No.												Participation At Previous Maccabiot *												Address (No. - Street - Apt)											
B/ 235035												01 02 03 04 05 06 07 08 09 10 11 12												256 HOLLAND ROAD											
Profession / Occupation												City												State						Zip					
Housewife												SINGAPORE												1027											
Hotel												Country												Phone No.											
HILTON HOTEL												SINGAPORE																							

Arrival EL AL LY444 29/3/86 11:50 P.M.  
Airline & Flight No. Date Time of Arrival

Departure 14/4 BA 657 0810 Am 14/4  
Airline & Flight No. Date Time of Departure

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

Name	Sport
Husband Head Mission	

Signature

To be Completed by Head of Family

ACCOMPANIED BY:

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Date

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

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

### Entry Form by Name

\*\* NOC

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2	0	4	8	5
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V.I.P.

Family Name												First Name												Date of birth Day Month Year			Sex F M		Food Type *						
S I M O N												C H A R L E S												1 4 0 9 1 4			<input type="checkbox"/> <input checked="" type="checkbox"/>		01 - REGULAR 02 - VEGETARIAN						
Passport No.												Participation At Previous Maccabiot *												Address (No. - Street - Apt)											
0 8 3 6 0 8 8 / Z												01 02 03 04 05 06 07 08 09 10 11 12												# 1 8 - 2 7 B A L M O R A L P A R K											
Profession / Occupation												City												State						Zip					
CHAIRMAN BOLTER Simon												S I N G A P O R E												1 0 2 5											
STAYING AT PRIVATE APARTMENT AS UNDER												Country												Phone No.											
Hotel DIZENHOFF TOWER, TEL AVIV												S I N G A P O R E																							

✕ Arrival EL AL LY016M 7101 10/7/89 1625 HRS  
Airline & Flight No. Date Time of Arrival

✕ Departure EL AL LY581M 7282 28/7/89 1000 HRS  
Airline & Flight No. Date Time of Departure

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

Name

Sport

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To be Completed by Head of Family

ACCOMPANIED BY:

**				
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**				
**				

Signature

Date

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\* Please Circle The Applicable  
\*\* For Office Use Only





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

### Entry Form by Name

\*\* NOC

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2	0	4	8	9
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V.I.P.

Family Name												First Name												Date of birth			Sex		Food Type *																		
E L J A R R A T H A S S I D												M I C H E L												Day Month Year			F M		01 REGULAR 02 - VEGETARIAN																		
1 4 0 1 5 9																								X																							
Passport No.												Participation At Previous Maccabiot *												Address (No. - Street - Apt)																							
3 8 / 8 5												01 02 03 04 05 06 07 08 09 10 11 12												B U R G O D E O S M A 2 2 0 3																							
Profession / Occupation												City												State												Zip											
ECONOMIST												M A D R I D												M A D R I D												2 8 0 3 3											
Hotel												Country												Phone No.																							
**												S P A I N												2 0 2 6 3 7 5																							

Arrival IB 888 - 7078 2.7.89 16.45  
Airline & Flight No. Date Time of Arrival

Departure                                                                 
Airline & Flight No. Date Time of Departure

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

Name	Sport	**

To be Completed by Head of Family

ACCOMPANIED BY:

**				
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**				
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Signature

*[Handwritten Signature]*

Date

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

\* Please Circle The Applicable  
\*\* For Office Use Only





13th Maccabiah Organizing Committee  
Kfar Maccabiah  
Knesset-Gan 52105  
Israel  
Tel: 03-715731 Fax: 03-712839  
Telex: 33319 MACAB IL

13th Maccabiah Organizing Committee  
Kfar Maccabiah  
Knesset-Gan 52105  
Israel  
Tel: 03-715731 Fax: 03-712839  
Telex: 33319 MACAB IL

Entry Form by Name

93

NDC  
20488



Family Name												First Name												Date of Birth			Sex		Food Type						
L L U C I A												T E R E S A												12 01 44			X		REGULAR						
Passport No.												Participation At Previous Maccabiah												Address (No. Street - Apt)											
37246658												01 02 03 04 05 06 07 08 09 10 11 12												P L F O N T N A D I C A S N											

Profession/Occupation AS. DEPUTY DIR. GEN. ADMIN. IST.

Hotel DAN HOTEL

Airline IBERIA 1888 7070 7.7.1989 16h 45'

Arrive & Flight No.

Date

Time of Arrival

Departure IBERIA 1889 7140 7.14.1989 18:10'

Flight & Flight No.

Date

Time of Departure

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

Name

Sport

City BARCELONA State 08004 Zip 1

Country SPAIN Phone No. 4321992

To be Completed by Head of Family

ACCOMPANIED BY:


Signature Lu Tansa Juvic

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

\* Please Circle The Applicable  
\*\* For Office Use Only





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

### Entry Form by Name

\*\* NOC

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2	0	4	8	6
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V.I.P.

Family Name												First Name												Date of birth			Sex		Food Type *						
Q U E R U B C A R O												I S A A C												Day Month Year			F M		01 - REGULAR 02 - VEGETARIAN						
2 9 0 2 5 6												X																							
Passport No.												Participation At Previous Maccabiot *												Address (No. - Street - Apt)											
01 02 03 04 05 06 07 08 09 10 11 12												Z U R B A R A N 1 6 5 0 B												City State Zip											
M A D R I D												M A D R I D												2 8 0 1 0											
Country												Phone No.																							
S P A I N												4 1 0 1 1 5 6																							

Profession / Occupation LAWYER  
PRESIDENT OF MACCABI

Hotel \_\_\_\_\_

**				
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Arrival IB - 888 7078 2.7.89 16.45  
Airline & Flight No. Date Time of Arrival

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

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


[Signature]  
Signature

To be Completed by Head of Family

ACCOMPANIED BY:

**				
**				
**				
**				
**				

24.5.89

Date

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

\* Please Circle The Applicable  
\*\* For Office Use Only





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

13th 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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20495



V.L.P.

Family Name												First Name												Date of birth			Sex		Food Type						
																								Day	Month	Year	M	F	REGULAR	VEGETARIAN					
S A N - M I G U E L												C A R M E N												1	8	0	3	4	5	F	<input checked="" type="radio"/> REGULAR	<input type="radio"/> VEGETARIAN			
Passport No.												Participation At Previous Maccabiah												Address (No. - Street - Apt)											
38464864												01 02 03 04 05 06 07 08 09 10 11 12												P L F O N T M A G I C A S N											

Profession/Occupation PLANNING AND CONTROL DIR

COOR 92

Hotel DAN HOTEL (TEL-AVIV)

Airline IBERIA IB-888

Airline & Flight No.

7078 7-7-89

Date

16h 45'

Time of Arrival

To be Completed by Head of Family

ACCOMPANIED BY:

Departure IBERIA IB-889

Airline & Flight No.

7140 07-14-89

Date

18h 10'

Time of Departure

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

Name

Sport

Signature

Carlo Jil

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

Date

\* Please Circle The Applicable  
\*\* For Office Use Only





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

### Entry Form by Name

VIP  
20487  
NOC  
20487



Family Name												First Name												Date of birth			Sex		Food Type *						
GLÜCK												DAVID												Day Month Year			F M		01 - REGULAR 02 - VEGETARIAN						
56-579747												01 02 03 04 05 06 07 08 09 10 11 12												7 BIRKAGATAN											

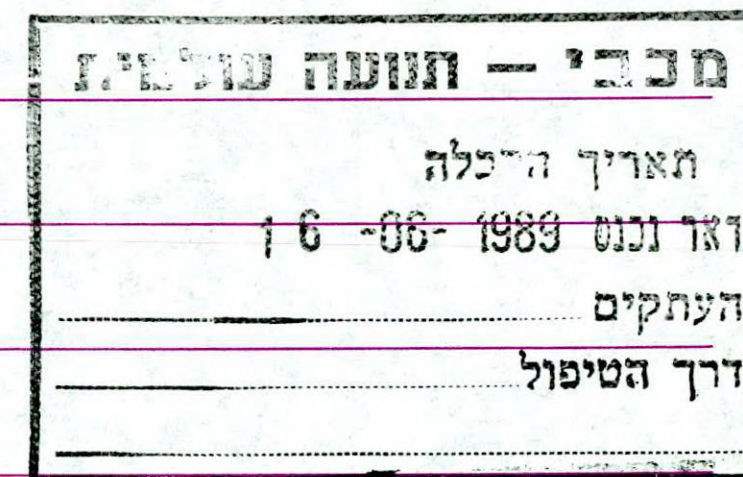
Profession / Occupation												City												State												Zip											
Judge (retired)												STOCKHOLM												S-11336																							
Hotel												Country												Phone No.																							
Kfar Hamaccabiah												SWEDEN												08-308136																							

Arrival												Time of Arrival											
EL AL LY 376 26/5												26.6											
Airline & Flight No.												Date											
26/5												26.6											

Departure												Time of Departure											
Airline & Flight No.												Date											
26/5												26.6											

If Family Members are Athletes or part of a Delegation please give details:																							
Name												Sport											
26/5												26.6											

David Glück  
Signature



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Please attach an identity photo to this entry form.

\* Please Circle The Applicable  
\*\* For Office Use Only



Entry Form by Name

\*\* NOC

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2	0	4	9	3
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V.I.P.

Family Name										First Name										Date of birth			Sex		Food Type *	
HASKEL										RITA										Day Month Year			F M		01 - REGULAR 02 - VEGETARIAN	
																				18 11 23			F			

Passport No.										Participation At Previous Maccabiot *										Address (No. - Street - Apt)									
4R-089617										01 02 03 04 05 06 07 08 09 10 11 12										ÄNGKÄRRSGATAN 14V									

Profession / Occupation										City										State										Zip									
MRS.																																							

Hotel										Country										Phone No.									
% Schachar, Mishmar Hagvati 18										SWEDEN										+46-8-7357854									
AFKA, 69697 Tel-Aviv																													
TEL. 413934																													

Arrival										Date										Time of Arrival									
E1-AL, BEN GURION										28/6-89										22.15 2823									

Airline & Flight No.										To be Completed by Head of Family									
376										ACCOMPANIED BY:									

Departure										Date										Time of Departure									
E1-AK NR. 375										26/7-89										7261									

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

Signature										Date									

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

\* Please Circle The Applicable  
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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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20500



V.I.P.

Family Name	First Name	Date of birth Day Month Year	Sex F M	Food Type * 01 - REGULAR 02 - VEGETARIAN
GUGGENHEIM	BENNY	09 05 20	X	
Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)		
5137993	01 02 03 04 05 06 07 08 09 10 11 12	48 RIETERSTR.		

Profession / Occupation	City	State	Zip
ECONOMIC ADVISER	CH-8002	ZURICH	
Hotel	Country	Phone No.	
CARLTON	SWITZERLAND	01/201'7573	

Arrival	Airline & Flight No.	Date	Time of Arrival
	SWISSAIR SR 332	27/6/89	19.00 PM

Departure	Airline & Flight No.	Date	Time of Departure
	SWISSAIR SR 333	14/7/89	07.50 AM

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

Name	Sport

To be Completed by Head of Family

ACCOMPANIED BY:

Mrs LYDIA GUGGENHEIM (see end of entry form)  
JESSICA

**	20496
**	20494
**	
**	
**	

Signature

29. Mai 1989  
Date

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

Please attach an identity photo to this entry form. *already mailed on 5/5/89*

\* Please Circle The Applicable  
\*\* For Office Use Only







VENEZUELA

YUGOSLAVIA









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

### Entry Form by Name

\*\* NOC

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2	0	5	6	9
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V.I.P.

Family Name												First Name												Date of birth			Sex		Food Type *		
C O H E N P A R I E N T E												A M R A M												Day	Month	Year	F	M	01 REGULAR	02 - VEGETARIAN	
1 0 0 9 3 0																													X		
Passport No.						Participation At Previous Maccabiot *						Address (No. - Street - Apt)																			
1 7 2 8 6 6 0						01 02 03 04 05 06 07 08 09 10 11 12						A V D A . B U E N O S A I R E S A V I L A 8 2																			
Profession / Occupation												City												State				Zip			
C H E F O F M I S S I O N												C A R A C A S												D F				+ 1010 A			
Hotel												Country												Phone No.							
M O R I A H P L A Z A												V E N E Z U E L A												5 6 2 5 1 5 2							

Arrival ALITALIA AZ 746 2901 29-06-89 17:10  
Airline & Flight No. Date Time of Arrival

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Departure     
Airline & Flight No. Date Time of Departure

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

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To be Completed by Head of Family

ACCOMPANIED BY:



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Date

\* Please Circle The Applicable  
\*\* For Office Use Only

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

Signature





13th Maccabiah  
המכביה ה-13  
ישראל השנת 1989

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

### Entry Form by Name

\*\* NOC

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2	0	5	7	4
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V.I.P.

Family Name										First Name										Date of birth Day Month Year			Sex F M		Food Type *								
FRANCO TACHER										ALBERTO										07 05 53			X		01 - REGULAR 02 - VEGETARIAN								
Passport No.										Participation At Previous Maccabiot *												Address (No. - Street - Apt)											
4772641										01 02 03 04 05 06 07 08 09 10 11 12												LOS CAOBOS											
Profession / Occupation										City												State						Zip					
OFFICIALS CEM. <del>PROFESSION</del>										CARACAS																							
Hotel										Country												Phone No.											
MORIA PLAZA										VENEZUELA																							

Arrival AZ-746 2901 28/6 1710  
Airline & Flight No. Date Time of Arrival

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Departure     
Airline & Flight No. Date Time of Departure

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

		**			
		**			
		**			

Signature

To be Completed by Head of Family

ACCOMPANIED BY:

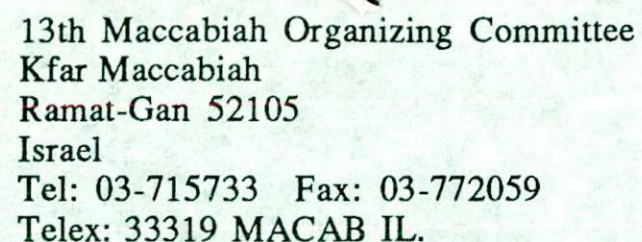
**				
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**				
**				

Date

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

\* Please Circle The Applicable  
\*\* For Office Use Only





## C

## OFFICIALS

NOC

			20575
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Family Name										First Name										Date of birth Day Month Year						Sex Women Men		Height cm			Weight kg			Food Type *																
K	O	E	N	I	G		W.								H	E	R	B	E	R	T.						2	1	0	9	5	0		X		1	8	5					X	01 - REGULAR						
Passport No.										Participation At Previous Maccabiot *										Address (No. - Street - Apt)																														
2	3	1	5	8	0																						A	V.	P	R	I	N	C	I	P	A	L		L	O	S		C	H	O	R	R	O	S	

<b>City</b>	<b>Zip</b>																	
C A R A C A S /																		
<b>State</b>	<b>Country</b>																	
										V	E	N	E	Z	U	E	L	A.

CHECK ONE BLOCK		
01	CHEF OF MISSION	
02	ASSISTANT CHEF DE MISSION	
03	TEAM OFFICIAL	
04	COACH	
05	ASSISTANT COACH	
06	DOCTOR	
07	MASSEHR	
08	REFEREE	
09	INTER. OBSERVER	
10	JUDGE	
11	UMPIRE	
12	PRESS	
	OFFICIALS C.E.M.	

PLEASE CHECK APPROPRIATE EVENT(S)			
BA	BADMINTON	YA	SAILING
BB	BASKETBALL	SH	SHOOTING
CP	CLAY PIGEON	SF	SOFTBALL
CR	CRICKET	SQ	SQUASH
FE	FENCING	SW	SWIMMING
FH	FIELD HOCKEY	TA	TABLE TENNIS
FB	FOOTBALL	TE	TENNIS
GO	GOLF	TP	TEN PIN BOWLING
GY	GYMNASTICS	TF	TRACK & FIELD
JU	JUDO	VB	VOLLEYBALL
KA	KARATE	WA	WATERPOLO
LB	LAWN BOWLS	WL	WEIGHTLIFTING
MF	MINI FOOTBALL	WR	WRESTLING
RO	ROWING	BR	BRIDGE
RU	RUGBY UNION	CH	CHESS

## PERSONAL ACHIEVEMENTS

(signed)

Captain of the Team

(countersigned)

Chairman of the Team

Date \_\_\_\_\_

30 APR 1989

This form must reach the 13th Maccabiah Headquarters no later than May 15, 1989

Please attach an identity photo to this entry form.

PLEASE CIRCLE THE APPLICABLE \*





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

### Entry Form by Name

\*\* NOC

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2	0	5	7	0
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V.I.P.

Family Name												First Name												Date of birth			Sex		Food Type *																		
G H E L M A N												D I A N N E												Day Month Year			F M		XXXXXX																		
3 7 7 8 2 3 2												01 02 03 04 05 06 07 08 09 10 11 12												1 9 0 7 4 6			X		02 - VEGETARIAN																		
Passport No.												Participation At Previous Maccabiot *												Address (No. - Street - Apt)																							
3 7 7 8 2 3 2												01 02 03 04 05 06 07 08 09 10 11 12												C A L L E E L T A R T A G O E D F . V I L L A																							
Profession / Occupation												City												State												Zip											
												T H E M I S												A P T . 8 - B												L A C A S T E L L A N A .											
Hotel												Country												Phone No.																							
PLAZA MORIAN												C A R A C A S - V Z U E L A .												3 1 5 2 2 3																							

Arrival ALITALIA AZ 746 2901 29-06-89 17:10  
Airline & Flight No. Date Time of Arrival

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Departure     
Airline & Flight No. Date Time of Departure

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

Name Sport  
DANI AVRAM TABLE TENNIS

ELI AVRAM TABLE TENNIS

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3	2	9	6
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3	2	9	9
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To be Completed by Head of Family

ACCOMPANIED BY:

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D. Avram  
Signature

Date

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

Please attach an identity photo to this entry form.

\* Please Circle The Applicable  
\*\* For Office Use Only





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

### Entry Form by Name

\*\* NOC

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2068



V.I.P.

Family Name												First Name												Date of birth			Sex		Food Type *						
L O B L												N A C H M A N												Day	Month	Year	F	M	01 - REGULAR						
																								2	4	1	0	4	1		X	02 - VEGETARIAN			
Passport No.												Participation At Previous Maccabiot *												Address (No. - Street - Apt)											
6 2 8 7 4 3 0												01 02 03 04 05 06 07 08 09 10 11 12												C A L L E N E G R I N E D I F . E L G A V A N											
Profession / Occupation												City												State						Zip					
GENERAL SECRETARIE												C A R A C A S												D F											
HOME FAMILY																																			
Hotel												Country												Phone No.											
**												V E N E Z U E L A												7 4 5 5 1 6											

Arrival ALITALIA AZ 746 2901 29-06-89 % 17:10  
Airline & Flight No. Date Time of Arrival

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Departure Airline & Flight No. Date Time of Departure

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


Signature

To be Completed by Head of Family

ACCOMPANIED BY:




Date

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

\* Please Circle The Applicable  
\*\* For Office Use Only





13th Maccabiah 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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20692



V.I.P.

Family Name												First Name												Date of birth Day Month Year			Sex F <input type="radio"/> M <input checked="" type="radio"/>		Food Type * 01 REGULAR 02 - VEGETARIAN																		
DRUJAČA												MIROGUB												130344			M																				
Passport No.												Participation At Previous Maccabiot *												Address (No. - Street - Apt)																							
CP412952												01 02 03 04 05 06 07 08 09 10 11 12												47 LOYRE BRAŽUJEVIĆA 36																							
Profession / Occupation												City												State												Zip											
OCCUPANT IN FACTORY												SUBOTICA												VOJVODINA												24000											
Hotel												Country												Phone No.																							
												YUGOSLAVIA												024-29713																							

Arrival ADRIA 1972 3/7  
Airline & Flight No. Date Time of Arrival

Departure ADRIA 1972 3/7  
Airline & Flight No. Date Time of Departure

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

Name Sport

To be Completed by Head of Family

ACCOMPANIED BY:

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Signature

22.06.1989

Date

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

Please attach an identity photo to this entry form.

\* Please Circle The Applicable  
\*\* For Office Use Only

715934

934





13th 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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20692



V.I.P.

Family Name										First Name										Date of birth			Sex		Food Type *														
DRUČA										MIRAJUB										Day Month Year			F M		01 - REGULAR 02 - VEGETARIAN														
130344												M																											
Passport No.										Participation At Previous Maccabiot *										Address (No. - Street - Apt)																			
CP412952										01 02 03 04 05 06 07 08 09 10 11 12										47 LOVRE BRAČUJEVIĆA 36																			
Profession / Occupation										City										State										Zip									
OCCUPANT IN FACTORY										SUBOTICA										VOJVODINA										24000									
Hotel										Country										Phone No.																			
**										YUGOSLAVIA										024-29713																			

Arrival ADRIA 1972 3/7  
Airline & Flight No. Date Time of Arrival

Departure ADRIA 1972 3/7  
Airline & Flight No. Date Time of Arrival

Departure ADRIA 1972 3/7  
Airline & Flight No. Date Time of Arrival

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

Name	Sport	**

Signature [Signature]

To be Completed by Head of Family

ACCOMPANIED BY:

**				
**				
**				
**				
**				

22.06.1989  
Date

\* Please Circle The Applicable  
\*\* For Office Use Only

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





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

### Entry Form by Name

\*\* NOC

\*\*

20692



V.I.P.

Family Name	First Name	Date of birth Day Month Year	Sex F M	Food Type * 01 - REGULAR 02 - VEGETARIAN
DRUČA	MIROGUB	13 03 44	M	
Passport No.	Participation At Previous Maccabiot *	Address (No. - Street - Apt)		
CP412952	01 02 03 04 05 06 07 08 09 10 11 12	47 LOVRE BRAČUJEVIĆA 36		

Profession / Occupation	City	State	Zip
OCCUPANT IN FACTORY	SUBOTICA	VOJVODINA	24000
Hotel	Country	Phone No.	
**	YUGOSLAVIA	024-29713	

Arrival	Airline & Flight No.	Date	Time of Arrival
	ADR 12 1972	3/7	

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

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

To be Completed by Head of Family

ACCOMPANIED BY:

**				
**				
**				
**				
**				

Signature

Date

22.06.1989

This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989  
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\* Please Circle The Applicable  
\*\* For Office Use Only





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

### Entry Form by Name

\*\* NOC

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2	0	6	9	2
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V.I.P.

Family Name												First Name												Date of birth			Sex		Food Type *																		
DOLJAC												MIROGUB												Day Month Year			F M		01 - REGULAR 02 - VEGETARIAN																		
130344												M																																			
Passport No.												Participation At Previous Maccabiot *												Address (No. - Street - Apt)																							
CP412952												01 02 03 04 05 06 07 08 09 10 11 12												47 LOVRE BRACUJEVICA 36																							
Profession / Occupation												City												State												Zip											
OCCUPANT IN FACTORY												SUBOTICA												VOJVODINA												24000											
Hotel												Country												Phone No.																							
**												YUGOSLAVIA												024-29713																							

Arrival SORIA 197 3/7  
Airline & Flight No. 08 Date Time of Arrival

Departure 08 3/7  
Airline & Flight No. Date Time of Departure

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

Name	Sport	**

To be Completed by Head of Family

ACCOMPANIED BY:

**				
**				
**				
**				
**				

[Signature]  
Signature

22.06.1989  
Date

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

\* Please Circle The Applicable  
\*\* For Office Use Only