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



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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** 





Family Name		First Name		e of birth Month Year	Sex F M	Food Type *
BURSTEIN	705	E			×	02 - VEGETARIAN
Passport No.	Participation A Previous Maccab	At *	Address (No S	Street - Apt)		
	01 02 03 04 05 06 07 08				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	**	City		State	9	Zip
Profession / Occupation	**					
Hotel		Country			Phone	No.
**		ARGE	NTINA			
Carlos Maria Carlos Car		The state of the s				280-
Arrival Airline & Flight No.	Date T	ime of Arrival	To be Comp	oleted by Head of Fam	nily	
ArrivalAirline & Flight No.	Date T		ACC	oleted by Head of Fam		**
Airline & Flight No.	Date T					20613
Airline & Flight No.			ACC			
Airline & Flight No.  **  Departure	Date Tin	ne of Departure	ACC			20613
Airline & Flight No.  **  Departure  Airline & Flight No.  If Family Members are Athletes or part of a Delegat	Date Tin ion please give details:	ne of Departure	ACC			20613
Airline & Flight No.  **  Departure  Airline & Flight No.  If Family Members are Athletes or part of a Delegat	Date Tin ion please give details:  Sport	ne of Departure	ACC			20613

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

Please attach an identity photo to this entry form.

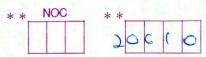
Date



13th Maccabiah Organizing Committee Kfar Maccabiah Ramat-Gan 52105

Israel

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





Family Name			First Name		<b>Da</b> Day	nte of birth Month Ye	ar	Sex F M	Food Type * 01 - REGULAR
FURMANSUI	30	SE						~	02 - VEGETARIAN
Passport No.	Participation Previous Macca	n At abiot *		Add	lress (No	Street - Apt)			
	01 02 03 04 05 06 07	08 09 10 11 12							
	**		City				Stat	е	Zip
Profession / Occupation	**								
Hotel			Country		n de la companya de l			Phone	No.
**			ARE		Agent & Property of the Control of t				
ArrivalAirline & Flight No.	Date	Time of Arrival				pleted by He		nily	**
DepartureAirline & Flight No.	Date 1	Time of Departure		1 3,70			4		**
If Family Members are Athletes or part of a Delegation Name	on please give details:	**							**
	*	**							**
	*	**							**

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Date



13th Maccabiah Organizing Committee Kfar Maccabiah

Ramat-Gan 52105

Israel

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

**Entry Form by Name** 





Family Name			First Name	Date of birth Day Month Year	Sex Food Type *
LEHRER	A C	C080			✓ 02 - VEGETARIAN
Passport No.	Participation Previous Mac	on At cabiot *	Address	s (No Street - Apt)	
	01 02 03 04 05 06 07	7 08 09 10 11 12			
Profession / Occupation	**		City	St	ate Zip
Hotel**			Country  ARGENTINA		Phone No.
ArrivalAirline & Flight No.	Date	Time of Arrival	SPOUSE	oe Completed by Head of For	** 2061C
DepartureAirline & Flight No.	Date	Time of Departure			**
If Family Members are Athletes or part of a Delegation Name	on please give details: Sport	**			**
		**			**
		**			**

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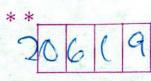
Date



Ramat-Gan 52105

Israel Tel: 03-715733 Fax: 03-772059 **Entry Form by Name** 







	Telex: 33319 MACAB IL.				V
Family Name			First Name	Date of birth Day Month Year	Sex Food Type  On - REGULAR
PINCO	J	V C 1 0			X 02 - VEGETAR
Passport No.	Participat Previous Ma	ion At ccabiot *	Addr	ess (No Street - Apt)	
	01 02 03 04 05 06 0	07 08 09 10 11 12			
Profession / Occupation	**		City		State Zip
Hotel			Country		Phone No.
			ARGENTIN	M	
ArrivalAirline & Flight No.	Date	Time of Arrival	Т	o be Completed by Head of	Family
**			SPOUSE	ACCOMPANIED BY:	2060
Departure Airline & Flight No.	Date	Time of Departure			**
If Family Members are Athletes or part Name	t of a Delegation please give details: Sport	**			**
		**			**
		**			**
Signature					Date

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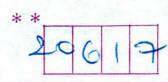
Israel

Tel: 03-715733 Fax: 03-772059

Telex: 33319 MACAB IL.









Family Name		First Name	Date of bir		Sex	Food Type *  01 - REGULAR
RYB	1 S A A	C			×	02 - VEGETARIAN
Passport No.	Participation At Previous Maccabiot	*	Address (No Street -	Apt)		
	01 02 03 04 05 06 07 08 09	10 11 12				
	**	City		State	***	Zip
Profession / Occupation	**				1	
Hotel		Country			Phone	No.
**		ARGEN	TINA			
ArrivalAirline & Flight No.	Date Time	of Arrival	To be Completed b	y Head of Famil	ly	
**			ACCOMPAI	NIED BY:		**
Departure		2 m	SPOUSE	-		**
Airline & Flight No.	Date Time of	of Departure				
If Family Members are Athletes or part of a Delegat Name	ion please give details:					**
	**					**
	**					**
Signature						Date

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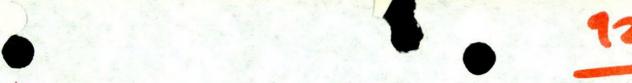
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**Entry Form by Name** 



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Family Name	First Name  Date of birth  Day Month Year  Food Type *  O1 - REGULAR
GAENSLER BOBBI	0 8 1 1 4 8 X 02 - VEGETARIAN
Passport No.  Participation At Previous Maccabiot  *	Address (No Street - Apt)
TO469211 01 02 03 04 05 06 07 08 09 10 11 12	7 LOCKWOOD AUE FRENCHS FOREST
**	City State Zip
Profession / Occupation **	SYDNET NSW 2086.
Hotel BASSEL 153	Country Phone No.
746.0017	AUSTRALIA 024521383
Arrival A2 Alitelia 1767 20 28-6-89 5-10 pm Airline & Flight No.  ** Date Time of Arrival	To be Completed by Head of Family
**	
2	ACCOMPANIED BY:
Departure AZ Ali Lalia . 747  Airline & Flight No.  Date  10. 25pm  Time of Departure	ACCOMI AMED DT.
Departure A2 Ali Lolin . 747  Airline & Flight No.  If Family Members are Athletes or part of a Delegation please give details:  Name  Sport  A2 Ali Lolin . 747  Time of Departure  **	ACCOMI AMED DT.
If Family Members are Athletes or part of a Delegation please give details:	

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Family Name		First Name Date of I	
BADCOCK	KLEE		O2 - VEGETARIAN
Passport No.	Participation At Previous Maccabiot *	Address (No Street	t - Apt)
T 388494	01 02 03 04 05 06 07 08 09 10 11 12	17 VANCOUÛER	AVE
	**	City	State Zip
Profession / Occupation	**	RANORAMA	
Hotel _ SINAI / BASEL		Country	Phone No.
**		AUSTRALIA	
Arrival AUTALIA Airline & Flight No.	28.6. WITH TEAM  Time of Arrival	To be Completed	d by Head of Family
**		ACCOMP	PANIED BY: **
Departure ALITALIA Airline & Flight No.	16_7. WITH TEAM  Date Time of Departure		**
If Family Members are Athletes or part of a Delegation pk	ease give details:		**
Name	Sport		
	**		**
	**		**
Signature			Date
			* Please Circle The Applicable

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**Entry Form by Name** 

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1910 Kg



Israel Tel: 03-715733 Fax: 03-772059

**Entry Form by Name** 







\* \* NOC \* \* \* 2 0 3 0 C

Telex: 33319 MACAB IL. Food Type \* Date of birth Sex First Name **Family Name** Day , Month , 01 - REGULAR DEIRDRE 02 - VEGETARIAN Participation At Address (No. - Street - Apt) Passport No. **Previous Maccabiot** WHERNSIDE AVE TOORAK E019424 Zip State Profession/Occupation Retailer

Hotel Private Accommodation MECBOURNE Phone No. Country AUSTRACI 1335 To be Completed by Head of Family ACCOMPANIED BY: 11-7-89 Departure If Family Members are Athletes or part of a Delegation please give details: GARY BEVILLE 1+0CILE 109 \*\*

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Date

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13th Maccabiah Organizing Committee Kfar Maccabiah Ramat-Gan 52105

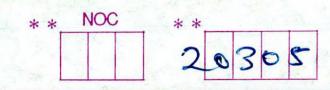
Israel

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Telex: 33319 MACAB IL.



**Entry Form by Name** 





Family Name			First Name	Date of birth Day Month Year F	Sex Food Type *
BEVILLE	K	EATH			02 - VEGETARIAN
Passport No.	Participat Previous Ma		Address	(No Street - Apt)	
	01 02 03 04 05 06 0		11 WHERNS	IDE AVE	TOORAK
	**		City	State	Zip
Profession / Occupation	**		MELBOURNE	VIC	3142
Hotel PRIVATE ACCOMODATION	22		Country		Phone No.
**			AUSTRALIA	G 5 1	3699
Arrival SR 338 1013	2.7.89	13:35			
Arrival Airline & Flight No.	Date	Time of Arrival	To be	e Completed by Head of Family	
				ACCOMPANIED BY:	**
Ly 541 7117	117.39	07:30		EIRDRE (WIFE	20306
DepartureAirline & Flight No.	Date	Time of Departure	17.124	1 E019424	**
If Family Members are Athletes or part of a Delegation Name	please give details: Sport	**			**
		**			**
GARY BEVILLE HOCK	34	- **			**

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Date

<sup>\*</sup> Please Circle The Applicable

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Telex: 33319 MACAB IL.







\* Please Circle The Applicable

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Family Name			First Name	Date of birth Day Month Year	Food Type *
GOLD	8	ERNIE		270012	> 02 - VEGETARIAN
Passport No.	Particip Previous	pation At Waccabiot *	Add	dress (No Street - Apt)	
J0570843	01 02 03 04 05 06	07 08 09 00 0	8 7-13 K	1 REEP ROBI	
Profession / Occupation Shows Manual Co.	**	Mwu	City	State	Zip
	** 0	Tho	BALVIN	VICTOR	103103
Hotel	0 >	100	Country		Phone No.
**			AUSTRBL	1 9 03 6	8366286
Arrival WITH TEAM )31	28/0/89	Time of Arrival		To be Completed by Head of Family	
Airline & Flight No.  **	Date	Time of Arrival		ACCOMPANIED BY:	**
P10)]				ACCOMPANIED BY.	
Departure Airline & Flight No.	Date Date	Time of Departure			**
If Family Members are Athletes or part of a Delega	ation please give details: Sport	**			**
TWITTE		**			**
		**			
		**			**
Dansel.					
0:					Date

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13th Maccabiah Organizing Committee Kfar Maccabiah

Ramat-Gan 52105

Israel

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Telex: 33319 MACAB IL.









Family Name  GOLD KAR	First Name	Date of birth Day Month Year F	Food Type *  01 - REGULAR  02 - VEGETARIAN
Passport No.  Passport No.  Previous Maccabion  01 02 03 04 05 06 07 08 0	5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Address (No Street - Apt)  PENKIVIL  S	TREET
Profession / Occupation STUDIENT **  Hotel **  **  **  **  **  **  **  **  **  **	City  BONDI  Country  AUSTRA		Zip 2025  Phone No. 8 9 9 9 5
Arrival Airline & Flight No.  Airline & Flight No.  Time Airline & Flight No.	ne of Arrival	To be Completed by Head of Family  ACCOMPANIED BY:	**
	PM (Woon) e of Departure	GOLD (A.M.F. PRESIDENT M.W. J. I.M. C MEMBERN)	**
160 of of			13/5/89

**Entry Form by Name** 

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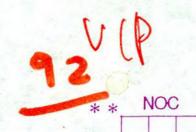
Please attach an identity photo to this entry form.

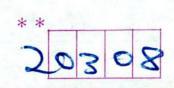
Date \* Please Circle The Applicable

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







Family Name		First Name	Date of birth Day Month Year	Sex Food Type *
LEVY	ROBIN		9 132	02 - VEGETARIAN
	articipation At ous Maccabiot *	Address	s (No Street - Apt)	
	05 06 07 08 09 10 11 12	12 PRIVATE	RD NOR	T 4 WO O D
/ . Nin **		City	o s	tate Zip
Profession / Occupation Company DiRector **		SYDNEY	NS	W 2066
HotelS		Country		Phone No.
**		AUSTRALIA	2	2)4270173
Arrival Sulssale. Flight No. Sup 2 July Date	Time of Arrival	Tot	oe Completed by Head of F	- amily
**			ACCOMPANIED BY:	**
Departure SISSHIK No. Date	Time of Departure			**
If Family Members are Athletes or part of a Delegation please give deta	ails:			**
1 FILA LEYY LAWY BOWL	1500			
BRICE LEVY, VET SQUAS	4 1152		* Car	**
PMEH SACKS. VET LANGS PER	1049			**
2 shung			100	
Signature				Date rcle The Applicable
This form	must reach the 13th Maccabia	ah Headquarters no later than Ma	y 31, 19	Use Only

Please attach an identity photo to this entry form.

**Entry Form by Name** 



Ramat-Gan 52105

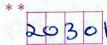
Israel

Tel: 03-715733 Fax: 03-772059

Telex: 33319 MACAB IL.









Family Name		First Name  Date of birth Day Month Year	Sex Food Type *
PLATUS	LOUIS	8 8 4 4	→ 02 - VEGETARIAN
Passport No.	Participation At Previous Maccabiot *	Address (No Street - Apt)	
G439068	01 02 03 04 05 06 07 08 09 10 11 (2)	99 WILD ST	
Profession / Occupation SHOE RETAIL!	** IMC-20	City  MAROUBRA  NS	State Zip
Hotel KFAR MACCABIAH	<u>CP</u>	Country	Phone No.
Arrival AZ 746  Airline & Flight No.  **  Departure AZ 747  Airline & Flight No.	21/6/89 17·10 Time of Arrival  14/7/89 18·25 Time of Departure	To be Completed by Head of ACCOMPANIED BY:	Family
If Family Members are Athletes or part of a Delegation Name	please give details:  Sport  **		**
			**
	**		**
Louis Platus Signature			9/5/89 Date

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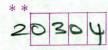


Ramat-Gan 52105

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**Entry Form by Name** 





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Family Name		First Name  Date of birth Day Month Year	Sex Food Type *
SCHWAR72	ARLENE	181152	2 × 02 - VEGETARIAN
	cipation At s Maccabiot *	Address (No Street - Apt)	
J O 2 4 4 5 9 2 01 02 03 04 05	ate and a second	24 BANGALLA RD	ROSEBAY
**		City	State Zip
Profession / Occupation PHYSIOTHERAPIST **		SYDNEY	NSW 2030
Hotel KFAR HAMACCABIAH KIM		Country	Phone No.
**		AUSTRALIA	371 8775
Arrival AhlTIALIA A2 7469917 28/6/8 Airline & Flight No. Date	7 Time of Arrival	To be Completed by Hear	d of Family
**		ACCOMPANIED	BY: **
Departure ANITANIA 714/7/8 Airline & Flight No. Date	7 Time of Departure	BRIAN SCHWARTZI	**
If Family Members are Athletes or part of a Delegation please give details			**
Name Sport	**		
$\sim$	**		**
	**		**
Asdruantz			
Signature			Date

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Tel: 03-715733 Fax: 03-772059

Telex: 33319 MACAB IL.

## **Entry Form by Name**

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Family Name			First Name	Date of birth Day Month Year	Sex Food Type *
HUTS-STAPPAERTS	7	EANINE		060850	X -02 VEGETARIAN
Passport No.	Particip Previous M		Addre	ess (No Street - Apt)	
5 233110		07 08 09 10 11 12	RUE DES	SABLES 3	
	**		City	S	State Zip
Profession / Occupation	**		WEZEMBEE	K-OPPEM	1970
Hotel SINAI			Country		Phone No.
**			BELGIUM.		
Arrival OL OH BO Airline & Flight No.	Date	Time of Arrival	To	b be Completed by Head of I	Family
**				ACCOMPANIED BY:	**
DepartureAirline & 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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13th Maccabiah Organizing Committee Kfar Maccabiah

Ramat-Gan 52105

Israel

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

**Entry Form by Name** 

* *	1	NOC	;	;	* *			1	0
					2	0	7	b	0



Family Name			First Name	Date of birth Day Month Year	Sex F M	Food Type *
HUTS-STAPPAERTS	C	EANINE		060850	X	-02 - VEGETARIAN
Passport No.	Particip Previous I	pation At *	Addre	ess (No Street - Apt)		
5 233110	01 02 03 04 05 06	07 08 09 10 11 12	RUE DES	SABLES 3		
	**		City	S	tate	Zip
Profession / Occupation	**		WEZEMBEE	K-OPPEM		1970
Hotel SIDAI		S	Country		Phone	No.
**			BELGIUM			
Arrival O2 0 4 80 Airline & Flight No.	Date	Time of Arrival	To	o be Completed by Head of F	amily	
**				ACCOMPANIED BY:		**
DepartureAirline & Flight No.	Date	Time of Departure				**
If Family Members are Athletes or part of a Delegation Name	please give details: Sport	**				**
		**				**
		**				**

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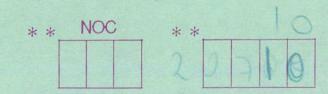
Please attach an identity photo to this entry form.

Date



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

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





Family Name			First Name	Date of birth Day Month Year		od Type *
HUTS-STAPPAERTS	JE	ANINE		060850		VEGETARIAN
Passport No.	Participation Previous Macc	n At cabiot *	Addre	ess (No Street - Apt)		
5 233110	01 02 03 04 05 06 07	08 09 10 11 12	RUE DES	SABLES 3		
	**		City	Sta	te Z	Zip
Profession / Occupation	**		WEZEMBEE	K-OPPEM *		970
Hotel SIDAI			Country		Phone No.	
**			BELEIUM.			
Arrival O2 0 4 80 Airline & Flight No.	Date	Time of Arrival	To	o be Completed by Head of Far	mily	
**				ACCOMPANIED BY:	** [	
DepartureAirline & Flight No.	Date	Time of Departure			**	
If Family Members are Athletes or part of a Delegation Name	please give details:	**			**	
		**			**	
		**			**	

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13th Maccabiah Organizing Committee Kfar Maccabiah Ramat-Gan 52105

Israel

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* NOC	* *		-	0
	1		1	0



Family Name			First Name	Date of birth Day Month Year	Sex F M	Food Type * 01 - REGULAR
HUTS-STAPPAEKTS	T T	EANINE		060850	X	02 - VEGETARIAN
Passport No.	Participa Previous Ma	tion At *	Addre	ess (No Street - Apt)		
5 233110	01 02 03 04 05 06	07 08 09 10 11 12	RUE DES	SABLES 3		
	**		City	Sta	ate	Zip
Profession / Occupation	**		WEZEMPLEE	K-OPPEM		1970
Hotel SIDAI			Country		Phone	No.
**			BELEIUM			
Arrival OP 0 1 7 0 Airline & Flight No.	Date	Time of Arrival	To	o be Completed by Head of Fa	mily	
**				ACCOMPANIED BY:		*
DepartureAirline & Flight No.	Date	Time of Departure			*	**
If Family Members are Athletes or part of a Delegation Name	n please give details: Sport	**			*	**
		**			k	**
		**			k	**

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Telex: 33319 MACAB IL.

**Entry Form by Name** 

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		20	583

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Family Name			First Name	Date of birth Day Month Year	Sex F M	Food Type *
DANZE - ASSELMAN	A	LINE		1 + 0 8 2 3	X	<del>02 VEGETARI</del> AN
Passport No.	Participa Previous Ma		Addre	ss (No Street - Apt)		
5 746605	01 02 03 04 05 06		UNITASLA	JLAAN	93	
	**		City		State	Zip
Profession / Occupation	**		DEURNE-A	NTWERP	BELGIUM	2100
Hotel SINAI TELAVIV			Country		Phone	No.
**			BELGIUN			
Arrival 2/7/79 Airline & Flight No. **	Date	Time of Arrival	Тс	be Completed by Head or	f Family	
				ACCOMPANIED BY		**
			GOR	21 SAC		at at
DepartureAirline & Flight No.	Date	Time of Departure				**
If Family Members are Athletes or part of a Delegation   Name	please give details: Sport	**				**
		**				**
		**				**
						Date
Signature					* Please Circ	cle The Applicable

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



Israel

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

**	NOC	* *				
		2	0	5	8.	3



Family Name  DANZE ASSELMAN	ALINE	First Name	Date of birth Day Month Year  1 1 0 8 2 3	Food Type *  01 - REGULAR  02 - VEGETARIAN
Passport No.	Participation At Previous Maccabiot *		SS (No Street - Apt)	
Profession / Occupation	**	City DEURNE-A	State  NTWERPBEL	Zip
Hotel SINAI TELAVII		B E L G I U N		Phone No.
Arrival Airline & Flight No.	Date Time of Arrival	- To	be Completed by Head of Family  ACCOMPANIED BY:	**
DepartureAirline & Flight No.	Date Time of Departu		31616	- **
If Family Members are Athletes or part of a Delegation plant Name	ease give details:  Sport  **			**
	**			**
Signature				Date

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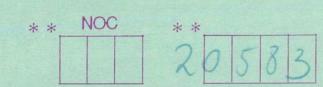
\* Please Circle The Applicable

\*\* For Office Use Only



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\* Please Circle The Applicable

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Family Name			First Name	Date of birth Day Month Year	Sex Food Type *
DANZE - 1155 ELHAN	A	LINE		1 5 0 8 2 3	02- VEGETARIAN
Passport No.	Participa Previous Ma		Addre	ess (No Street - Apt)	
5746605	01 02 03 04 05 06	07 08 09 10 11 12	UNITASLH	SLANW 9	3
Profession / Occupation	**		City  DEURNE-A	St W F R P D	ate Zip
Hotel SINAI TECAVIV			Country		Phone No.
**			BELGIUN		
Arrival Airline & Flight No.	Date	Time of Arrival	Тс	o be Completed by Head of Fa	amily
			6510	ACCOMPANIED BY:	**
DepartureAirline & Flight No.	Date	Time of Departure			**
If Family Members are Athletes or part of a Delegation pl Name	ease give details: Sport	**			**
		**			**
		**			**
Signature					Date

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



13th Maccabiah Organizing Committee Kfar Maccabiah Ramat-Gan 52105

Israel

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

**	١	100	,	* *				
				2	0	5	8	3



Family Name		First Name	Date of birth Day Month Year	Sex F M	Food Type *
DANZE - 1155 ELMAR	ALINE		1 1 2 8 2 3	X	02 - VEGETARIAN
Passport No. Previous	cipation At * Maccabiot *	Address	(No Street - Apt)		
3 7 4 6 6 0 5 01 02 03 04 05 0	06 07 08 09 10 11 12	UNITASLHS	LANW 9	3	
**		City	S	tate	Zip
Profession / Occupation **		DEURNE-AN	TWEKPE	11000	2100
Hotel SIAHI TECHVIK		Country		Phone	No.
**		BELGIUN			
Arrival	Time of Arrival	To be	e Completed by Head of F	amily	
**		6210 >	ACCOMPANIED BY:		**
Departure Date	Time of Departure				**
If Family Members are Athletes or part of a Delegation please give details:  Name  Sport	**			;	**
	**				**
	**			;	**

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Date

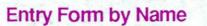


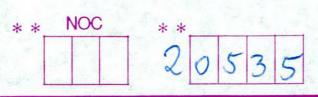
13th Maccabiah Organizing Committee Kfar Maccabiah Ramat-Gan 52105

Israel

Tel: 03-715733 Fax: 03-772059

Telex: 33319 MACAB IL.







Family Name		First Name	Date of birth Day Month Year	Sex Food Type *
CAESENS	JEAN-YVE	5	200658	X 02 - VEGETARIAN
	cipation At * * *	Addre	ess (No Street - Apt)	
657722	06 07 08 09 10 11 12	7, av. ED. M	ESENS	
Profession / Occupation Délégue Commercial **		1 0 4 0 B R U	X E L L E S	te Zip
Hotel	Y	Country		Phone No.
**		BELGIQUE	0	27364833
Arrival	Time of Arrival	To	be Completed by Head of Fa	mily  **
Departure	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	**			**
	**			**
	**			**

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19/06/89 Date



Entr	Form	by	Name
		~,	

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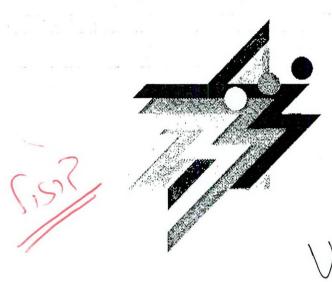
Israel Tel: 03-7 Telex: 33	15733 Fax: 03-772059 319 MACAB IL.				20318 V.I.P
Family Name  A R B A I TM A N	M A	R C O S	First Name	Date of birth Day Month Year 2 7 1 2 35	Sex Food Type * 01 - REGULAR  XX 02 - VEGETARIAN
Passport No.  C C 2 9 7 7 1 5	Participation Previous Macco	abiot *	A V S A O L	U I Z 1 6 5	
Profession / Occupation	**	arphalp takliner IMC-20	City S A O P A U L	State of the state	te Zip
Hotel		IMC-20	B RA Z I L		Phone No. 2 5 7 2 4 3 3
Arrival LY 396  Airline & Flight No.  **	2916 Date	Q3:05 Time of Arrival	7	To be Completed by Head of Far	mily **
Departure  Airline & Flight No.  If Family Members are Athletes or part of a Delega Name	Sport	Time of Departure  **  **			**
		**			**

Signature

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

Date



iathmoc

שראל תשמיט לי טיון -יתמוז 13.789 israel

To: Tzvi Raviv

From: Mario Vaisman

(IMC 72h) IDERENI JACK TERPIUS -1 17,45 - 88/9/05 - L7 228 Necfdelch

Reiteramos fax enviado 14/06/89:

16/89: JAQUELINE TERPINS - UIP 2010 21 9/7/89 - 2 . 18'6' 2'/1/2/

1) Los representantes I.M.C son:

Dia: 30/06/89 Vuelo 358 El Al 17:45hs ROSITA KLAR (ALAN BLAV -3)
Procedente de Frankfurt

868 LUFTHANSA. - 15,10 3702

2) PROGRAMA V.I.P

ROSITA KLAR () ) DIDADE 1/197X ALAN BLAUS!

JAQUELINE TERPINS y hijos llegan a Tel Aviv

194,96,000 8 chiule
194,96,000 8 chiule
194,96,000 8 chiule
194,96,000 8 chiule 05:25hs Dia: 02/07/89 El Al 318

3) ROSITA KLAR y ALAN BLAU y hijas llegan a Tel Aviv

Dia: 01/07/89 LUFTHANSA 868

Quiero aclarar que los V.T.P son Rosita Klar y Alan Blau, las hijas solo precisan ingresos del valor donde estarán los V.I.P para Cesarea Apertura y acto de Clausura.

4) MOISES EIZENBERG, ANDRE EIZENBERG, FABIO EIZENBERG (16años), llegan a Tel Aviv E1 A1 323 18:00hs Dia: 02/07/89

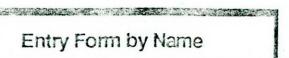


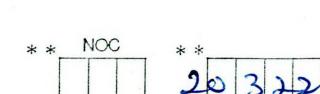


Ramat-Gan 52105

Israel

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







Family Name		First Name	Date of birth Day Month Year	Sex Food Type *
BLAU	ALAN			F M 01 REGULAR 02 - VEGETARIAN
	articipation At lous Maccabiot *	Addres	ss (No Street - Apt)	
01 02 03 04 0	05 06 07 08 09 10 11 12	RUA HUNGE	RIA 1000	
Profession / Occupation**		City SÃO PAULO	O SÃO PA	State Zip
Hotel		Country		Phone No.
**		BRASIL		8144514
Arrival  Airline & Flight No.  **  Date	15:10 Time of Arrival	ROSITA, 17.10	be Completed by Head of I  ACCOMPANIED BY:	Family ** 2 0 3 2 1
Departure Date Date	Time of Departure		3,4	**
If Family Members are Athletes or part of a Delegation please give deta  Name Sport	** **			**
Signature				Date

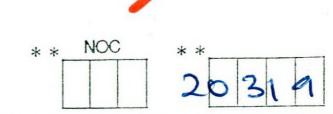
Please attach an identity photo to this entry form.

\* Please Circle The Applicable

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





Family Name			First Name	Date of birth Se Day Month Year F	Food Type *  M 01 - REGULAR
EILATI		KEREN		180679 ×	02 - VEGETARIAN
Passport No.		cicipation At substantial subs	Add	Iress (No Street - Apt)	
e D 118774		06 07 08 09 10 11 12	2VA HUNG	GRIA	1000
	**		City	State	Zip
Profession / Occupation	**		SAO PAUL	JO SP	01455
Hotel			Country		Phone No.
**			BRASIL	1 814	145114
Arrival LH 868 Airline & Flight No.	17/89 Date	15: 10 Time of Arrival		To be Completed by Head of Family	
**				ACCOMPANIED BY:	**
DepartureAirline & Flight No.	Date	Time of Departure			**
If Family Members are Athletes or part of a Delegation Name	please give details Sport	**			**
		**			**
		**			**
			-		

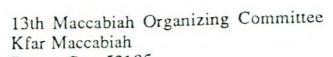
Date

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Ramat-Gan 52105

Israel

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

Entry Form by Name





Date

\* Please Circle The Applicable

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Telex. 55517			First Name	Date of birth	Sex	Food Type *
Family Name				Day Month Year	F M	01 - REGULAR
EILATI		MAMMY		180679		02 - VEGETARIAN
Passport No.	Par Previo	ticipation At us Maccabiot *	Addre	ess (No Street - Apt)		
eD 112867		5 06 07 08 09 10 11 12	RUA HUNG	21A		000
	**		City		State	Zip
Profession / Occupation	**		SOO PANL	0 5	407AU	04455
Hotel			Country		Phone	No.
**			BRASIN		814	4514
Arrival 14868 7017 Airline & Flight No.	1/7/89 Date	15:10 Time of Arrival	T	o be Completed by Head o	of Family	
**				ACCOMPANIED BY	<b>/</b> :	**
DepartureAirline & Flight No.	Date	Time of Departure				**
If Family Members are Athletes or part of a Delegation Name	please give detai Sport	ls: **				**
		**				**
		**			,	**

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13th Maccabiah Organizing Committee Kfar Maccabiah Ramat-Gan 52105

Israel

Tel: 03-715733 Fax: 03-772059

Telex: 33319 MACAB IL.







Family Name			First Name	Date of birth Day Month Year	Sex	Food Type * 01 - REGULAR
EIZENBERG	A	NDRE				02 - VEGETARIAN
Passport No.	Participa Previous Ma	ation At accabiot *	Addr	ess (No Street - Apt)		
	01 02 03 04 05 06	07 08 09 10 11 12				
	**		City	State		Zip
Profession / Occupation	**					
Hotel			Country		Phone	No.
**			BRAZIL			
Arrival (4323 (7027)	2/7	18.00				
ArrivalAirline & Flight No.	Date	Time of Arrival	1	o be Completed by Head of Famil	У	
				ACCOMPANIED BY:	*	*
Departure	Doto	Time of Departure			*	*
Airline & Flight No.  If Family Members are Athletes or part of a Delegation	Date	Time of Departure				
Name	Sport Sport	**			*	*
		**			*	*
					*	*
		**				

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Date



Israel

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



**Entry Form by Name** 

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\* Please Circle The Applicable

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Family Name		tive and the second	First Name	Date of birth Day Month Year	Sex F M	Food Type *			
EIZENBERG	4	ABIO			446	02 - VEGETARIAN			
Passport No.	Particip Previous M	ation At Maccabiot *	Address (No Street - Apt)						
	01 02 03 04 05 06	07 08 09 10 11 12							
	**		City	S	state	Zip			
Profession / Occupation	**								
Hotel			Country		Phone	No.			
**	2		BRAZIL						
Arrival 9 323	2/7 Date	Time of Arrival		To be Completed by Head of F	-amily				
Airline & Flight No.	Date	Time of Arrival		ACCOMPANIED BY:		**			
DepartureAirline & Flight No.	Date	Time of Departure				**			
If Family Members are Athletes or part of a Delegation Name	on please give details: Sport	**				**			
		**				**			
		**				**			
Signature						Date			

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





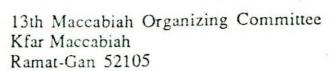
\* Please Circle The Applicable

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Family Name			First Name	Date of birth Day Month Year F	Food Type *
E12ENBER6	h	015ES			02 - VEGETARIAN
Passport No.	Participa Previous Ma		Addres	ss (No Street - Apt)	
	01 02 03 04 05 06	07 08 09 10 11 12			
	**		City	State	Zip
Profession / Occupation	**				
Hotel			Country		Phone No.
3027			BRDZIL		
Airline & Flight No.	2)7 Date	Time of Arrival	То	be Completed by Head of Family	
**				ACCOMPANIED BY:	**
DepartureAirline & Flight No.	Date	Time of Departure			**
If Family Members are Athletes or part of a Delegation Name	n please give details: Sport	**			**
		- **			**
		**			**
Signature				_	Date

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Israel

Tel: 03-715733 Fax: 03-772059

Entry Form by Name

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\*\* NOC



Date

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	Telex: 33319	MACAB IL.					V.I.P.
SCHNAI	amily Name		SRIME	First Name	Date of birth Day Month Year  2 4 1 1 5 5	Sex F M	Food Type * 01 - REGULAR 02 - VEGETARIAN
e e 305	Passport No.	Previous	ipation At Maccabiot * 6 07 08 09 10 11 12		dress (No Street - Apt)	10	00
Profession / Occupa	ation	**		City  5 A O PAN	40 S	tate 0	zip + 445
Hotel**				Country BRASIU		Phone	No.
**	ELAL 316  e & Flight No.	28/b Date	21:00 Time of Arrival		To be Completed by Head of F  ACCOMPANIED BY:		**
DepartureAirlin	e & Flight No.	Date	Time of Departure			*	*
If Family Members Nar	are Athletes or part of a Delegation ne	please give details: Sport	**		-		*
			**			*	*

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Telex. 5551	WACAD IL.					Food Type *
Family Name			First Name	Date of birth Day Month Year F	Sex	1 - REGULAR
SCHMAIDER	MC	1505		280828	X	02 - VEGETARIAN
Passport No.	Participati Previous Mac		Addı	ress (No Street - Apt)		
CD455720	01 02 03 04 05 06 0		RHUNGR	14 1000		
	**		City	State		Zip
Profession / Occupation Ecom 15 TA	**	Imo	SAO PAUL	0 0	a	
Hotel MORIAH PLAZ	H	20	Country		Phone	No.
**	02/07	18.00	BRASIL			
Arrival Airline & Flight No.	Date	Time of Arrival		To be Completed by Head of Fami	y	
**			1	ACCOMPANIED BY:		**
Departure	<b>2</b>					**
Airline & Flight No.	Date	Time of Departure		16		
If Family Members are Athletes or part of a Delegation Name	on please give details: Sport	**				**
		**			200	**
			-			**
		**	7			
(A) Hallyum					140	Date
Signature				* p	Please Circ	Date cle The Applicable

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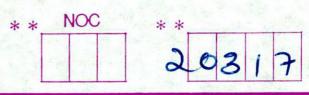


Israel

Tel: 03-715733 Fax: 03-772059

Telex: 33319 MACAB IL.







Food Type Sex Date of birth First Name **Family Name** Day Month Year 01 - REGULAR JACK 02 - VEGETARIAN Participation At Address (No. - Street - Apt) Passport No. **Previous Maccabiot** 01 02 03 04 05 06 07 08 09 10 11 12 Zip City State Profession / Occupation SHERATON Phone No. Country 358 ELAL Arrival Airline & Flight No. To be Completed by Head of Family ACCOMPANIED BY: 95 18.07 77 CC977867 MICHEL Departure Time of Departure Date 29 Airline & Flight No. RODRIGO 12.04.73 CC976579 If Family Members are Athletes or part of a Delegation please give details: 95 Sport Name RAFACE 18.09.75 95 PTANIA 22.11.+7 92 JACQUELINE 25.04.50 CBU73220 20315 JENISE W 50 20 201316 10.12.95 00940698 STICIANA Signature

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









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Family Name		First Name	Date of birth Day Month Year F	Food Type *
OBERLANDER	FRED B		23 511	02 - VEGETARIAN
	icipation At sis Maccabiot *	Addr	ess (No Street - Apt)	
NEW PASSPORTS PREPARATION 01 02 08 04 08	06 04 08 08 10 11 15	MACDONAL	D AV 5500	#405
Profession / Occupation Co. DIRECTOR **	viP MWU	MONTREAL	State	Zip H3X2W5
Hotel KFAR MACCABIALI **	Stac	COUNTRY	QUEBEC 514	hone No.
Arrival 29th JUNE 1989 HASTON Date  **  Date	Time of Arrival		o be Completed by Head of Family	
ELAL CANADIAN TEAM CH	IARTEIL		BERLANDER	** 0326
Departure  Airline & Flight No.  Date  If Family Members are Athletes or part of a Delegation please give details	Time of Departure	ALSO A	H WIFE FRIEND	2059
Name Sport		DAVID B	GOODMAN	20593
	**	RR2 Box	x 476	
	**		INDIA NA 47243	**
F. Obann	phone	(812)27362	281	3 June 1989
Signature				e Circle The Applicable

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13th Maccabiah Organizing Committee Kfar Maccabiah

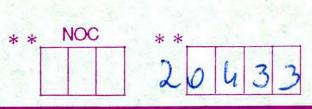
Ramat-Gan 52105

Israel

Tel: 03-715733 Fax: 03-772059

Telex: 33319 MACAB IL.







Family Name			First Name	Date of birth Day Month Year	Sex Food Type *
ATKINS	M	ARTIN			02 - VEGETARIAN
Passport No.	Participa Previous Ma		Addres	ss (No Street - Apt)	
RX411016	01 02 03 04 05 06	07 08 09 10 11 12	249 WARR	ENROAD	
Profession / Occupation	**		City	ONT	State Zip  MHV2S7
Hotel SHERATON			Country		Phone No.
**	001 00		CANADA		
Arrival ELA L Airline & Flight No.	29.6.89 Date	Time of Arrival	То	be Completed by Head of	Family
Departure ATALIA 747 Airline & Flight No.	17.7.89 Date	18:25 Time of Departure	FLORINE (Wi) LARA (Chica	ACCOMPANIED BY: (FE-42) KSI	59912 20425
If Family Members are Athletes or part of a Delegation  Name	please give details: Sport	**	JANA ( " -		5 9912 2 0 4 3 1
		**	LUCAS ( "	- 10) KS 1	5991220432

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Date

V.I.I. INDIVIDUAL REGISTRATION FORM	
NAME LEVINSKY Susan PK	PASSPORT NO.
ADDRESS 77 Finch Ave E #911	JUNE 11
North York ONT M	21 648
POSITION IN MOVEMENT	
DATE OF ARRIVAL June 29 618 FLIGHT NO.	7:30 HOUR
HOTEL ROOMS NO. OF ROOMS	
SINGLE DOUBLE SHARE WITH	
DATE OF DEPARTURE July 16 009 FLIGHT NO.	2:30 HOUR
RENT A CAR DATE TYPE PICK	UP AT:
ACCOMPANIED BY (Please give details and list ages of	f 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 me	ember registered
DEPOSIT PAID: \$ 300 U.S. AMOUNT DUE: \$	

01	2050	I.P. INDIVIDU		TDATION	FORM	
NAME_	Yngerman	Jew FI		TRATION	NU/599	1497 -
ADDRES	SURNAME 2600	Bathers		Cept :	PAS	SPORT NO.
	Toron	ARCA	rie	Mo	PH B2Z4	the same time and may make the may make
POSITI	ON IN MOVEMEN	NT Honora	ry /le	ie P	resides	et
DATE O	F ARRIVAL -	June 29/	COLUMN TRACE AND ADDRESS OF THE PARTY OF	218	Mark store 1956 6	
HOTEL C	Tel aver 1	Victor		GHT NO.	Fir	HOUR
SINGLE	DOUBLE	SHAR		100 0	the want chief of the power organ white shows you	or steer drive more 1-4- steer help 2019 man
DATE O	F DEPARTURE	July 16 SHAR	989	391	AND STREET ASSESS ARREST AND STREET AND STRE	930
RENT A	CAR			FLIGHT	NO.	HOUR
	and their real country of the countr	DATE	TYPE		PICK UP	
ACCOMP/	ANIED BY (Ple	ase give deta	ails and	list ag	es of ch	ildren)
	NAME 0	RELATION	SHIP	AGE	PASS	PORT/ID.
s. She	lley Suke	ermen &	Z .	42		27598
. Sylne	ey Suker	man	a man and the same and	43	RK42	The second secon
istin Wa	ren Suk	erman	the time special state. Seed state.	15	KF 10	4221
ss dau	ren Suk	erman	tion with the same seem have been	12	RK 43	7599
IF FAMI	LY MEMBERS AF	RE ATHLETES,	PLEASE G	IVE DETA	IILS (O	uar)
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IF FAMIL	Y MEMBERS AR	E CATO	And some will seem need Allie Tille seems an	to you and door value out	e well dans man only years man than our	and the past than here your visit that have
	LY MEMBERS AR	E PART OF A	DELEGATIO	N, PLEA	SE GIVE	DETAILS
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PASSPORT	PHOTO: Plea	se attach				and the same of the
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		THE PART OF THE PA	AMOUNT	DUE: \$	THE PERSON NAMED AND ADDRESS OF THE PERSON NAMED AND PARTY ADDRESS OF THE PERSON NAMED AND PARTY ADDRESS OF THE PERSON NAMED ADDRESS OF THE PERSON NAMED AND PARTY ADDRESS OF THE PERSON	my man.

50402

Mr. Howard Ungerman Mrs. Judi Ungerman Mes's Penmi Ungerman Mr, David Slave Mrs. Sylvia Ungerman

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		* 0	1

NAME_LITWIN FREDERICK	SH 21,9959
NAME_LITWIN FREDERICK SURNAME FIRST	PASSPORT NO.
ADDRESS 106 AVENUE ROAD	
TORONTO ONTARIO MER	2H3
POSITION IN MOVEMENT DIRECTOR	
DATE OF ARRIVAL JUNE 29/89 ELAL 018 FLIGHT NO.	06:55
HOTEL SHERATON, TEL AVIV NO. OF ROOMS	noug /
SINGLE DOUBLE SHARE WITH _WIFE , R	() () () () ()
DATE OF DEPARTURE JULY 7/89 ELAL 38	ONNIE LITW
FLIGHT NO	HALLB
DATE TYPE PIC	*
DATE TYPE PIC	K UP AT:
ACCOMPANIED BY (Please give details and list ages	of children)
NAME RELATIONSHIP AGE	
RONNIE I TOURS AGE	PASSPORT/ID, NO.
RONNIE LITWIN WIFE 47	
IF FAMILY MEMBERS ARE ATHLETES, PLEASE GIVE DETAIL	s
NAME	
SPORT	
	,
IF FAMILY MEMBERS ARE PART OF A DELEGATION, PLEASE	
RISA LITWIN CYMPAGE	GIVE DETAILS
RISA LITWIN GYMNASTICS.  NAME SPORT	
PASSPORT PHOTO: Please attach one for each family m	member registered
DEPOSIT PAID: \$ AMOUNT DUE: \$	

20666-

NAME	. Diane	RKE	399004
SURNAME	FIRST	PAS	SSPORT NO.
ADDRESS # 210 - 517	Albert 5	treet	
	Sask.		A DE3
POSITION IN MOVEMENT	spectator_		
DATE OF ARRIVAL June &	29th/89 unk	rown at present	
HOTEL SINGS	FLIGHT	NO.	HOUR
HOTEL	NO. OF RO	OOMS	
SINGLE	SHARE WITH		
DATE OF DEPARTURE	17/89 an	Known of pres	HOUB
RENT A CAR		ioni no.	HOUR
DATE	TYPE	PICK UF	AT:
ACCOMPANIED BY (Please giv	e details and li	st ages of o	children)
David Bosenbaum F	riend		599023
NAME RE			SPORT/ID. NO.
		•	
IF FAMILY MEMBERS ARE ATHLE	ETES. PLEASE GIV	E DETAILS	
David Rosenbaum	10- Pin	Paulo	2971
NAME	S	PORT	09
			<del></del>
TP PANTAL MARKET			
IF FAMILY MEMBERS ARE PART	OF A DELEGATION	, PLEASE GIV	E DETAILS
NAME		SPORT	
		SIONI	
PASSPORT PHOTO: Please atta	ach one for each	family memb	er registered
DEPOSIT PAID: \$ 300.00	) U.S. AMOUNT I	DUE: \$	4
(money order mailed around June 1	[89)	,	<del></del>

20665

NAME VERNON CATHERINE	SUSAN KF	521338
SURNAME FIR	RST	PASSPORT NO.
ADDRESS 12192 NORTHPA	RK CRESCENT	<del></del>
SURREY, BC, V3 1		
POSITION IN MOVEMENT WIFE	OF ATHLETE	
DATE OF ARRIVAL JUNE 29, 19	189 - CANAC	DIAN TEAM FI
	FLIGHT NO.	HOUR
HOTEL CARLTON	NO. OF ROOMS	1
SINGLE DOUBLE SHARE	E WITHN	<u> </u>
DATE OF DEPARTURE JULY 23	1989 * HAVE N	OT RECEIVED TIC
RENT A CAR NO	FLIGHT NO.	
DATE	TYPE PIC	
ACCOMPANIED BY (Please give deta	ails and list ages	of children)
NIA	SHIP AGE	
IF FAMILY MEMBERS ARE ATHLETES,	PLEASE GIVE DETAIL	S
PHILLIP VERNON - R	lugby -	2857
NAME	SPORT	
IF FAMILY MEMBERS ARE PART OF A	DELEGATION, PLEASE	GIVE DETAILS
NAME	SPORT	
PASSPORT PHOTO: Please attach on	e for each family n	member registered
DEPOSIT PAID: \$	AMOUNT DUE: \$	
IN FLILL BY MC	ONEY ORDER	BY PHILIP
		· V

#### CANADA

PASSPORT PASSEPORT



Type/Type

Issuing country/Pays émetteur

Passport No./Nº de passeport

CAN

Surname/Nom

SH545627

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

TORONTO CAN Date of issue/Date de délivrance

Issuing office/Bureau de délivrance

/MAI Date of expiry/Date d'expiration

87

HULL

O4 MAY /MAI

92

P<CANSCHWALM<<WILLIAM<GEORGE<<<<<<< SH545627<6CAN31052N5M92N5N48<<<<<<<<<<

## V.I.P. INDIVIDUAL REGISTRATION FORM

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REI	NT A CA	3												
			1	JAIE			111	E		PICK	UP	AT:		
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	NAN	1E		REI	LATIC	NSHIF	,	A	GE		PASS	SPOR	T/ID.	NO.
ΙF	FAMILY	MEMBERS	ARE	ATHL	ETES,	PLEA	SE	GIVE	DET	AILS				
	N <i>F</i>	AME 						SP	ORT					
TE	EAMILY	MEMBERG	^DE											
11	FAULLI	MEMBERS	AKE	PARI	OF A	DELE	.GAI	TON,	PLE	ASE	GIVI	E DE	TAILS	
		NAME						S	PORT					
									. 01(1					
PAS	SSPORT F	PHOTO: P	ease	e atta	ach c	ne fo	r e	each :	fami	lv m	om be	ar r	egic+	erod
				- 4446							=III De	=1 T	EBISC	ered
DEF	POSIT PA	AID: \$				Α	MOU	INT D	UE:	\$				

NAMEDona	ldson, Mary Jane SURNAME FI	N	o. to come
ADDRESS	844 Mount Pleasant Road	Į.	
	Toronto, Ontario M4P 2	1.3	
POSITION I	N MOVEMENT		
DATE OF AR	RIVALJune 29/89	E1 A1 018	0655 07-30 a.m.
	Grand Beach Hotel		
SINGLE x	_ DOUBLE SHAR	E WITH	and arms a specified the shift hands show more soon come come specified which shift has shift a specified shift shift and shift shif
DATE OF DE	PARTURE July 7, 1989	Air France FLIGHT NO	1307 7:25 a.m.
RENT A CAR	DATE	TYPE	CV IID AT
accompanie:	D BY (Please give deta	ils and list ages	of children
(3, 6)		SHIP AÇE	
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F FAMILY M	EMBERS ARE ATHLETES,	PLEASE GIVE DETAIL	LS
NAM	<u> </u>	SPORT	an and any age togo the thin had the said the said the said the said
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F FAMILY MI	EMBERS ARE PART OF A D	ELEGATION, PLEASE	GIVE DETAILS
NAN	1E	SPORT	
4 C C D A B D			
	OTO: Please attach one		
ANTT LWIT	/ i &	AMOUNT DUE: & _	

20661

NAME GORDON SURNAME FIRS	REGISTRATION FO	26-06-1985 (***  PASSPORT NO.
ADDRESS 67 CARRINGTON DRIVE, R		
POSITION IN MOVEMENT	FLIGHT NO.	HOUR
HOTEL GRAND BEACH SINGLE DOUBLE X SHARE		
ACCOMPANIED BY (Please give deta:	FLIGHT NO  TYPE PI  ils and list ages	of children)
JAYME CORDON SON  NAME RELATION:  KEVIN GORDON SON		PASSPORT/ID. NO. RK712807
IF FAMILY MEMBERS ARE ATHLETES, I JAYME GORDON S		LS
IF FAMILY MEMBERS ARE PART OF A I  KEVIN GORDON  NAME		E GIVE DETAILS

NAME	GORDO	N	Eİ	JAINE			RK71280	6
	SURNAME		FI	RST			PASSPORT	NO.
ADDRESS _	67 CA	RRINGTON	DRIVE,	RICHMOND	HILL,	ONTARIO	), L4C 8A	5
POSITION	IN MOVEME							
DATE OF A	ARRIVAL		ne pagag <u>apili</u> danik akadi ina	FLI	GHT N		HOUL	<del></del>
HOTEL	RAND BEACH			NO. OF	ROOM	s1		
SINGLE	DOUBL	E X	SHAF	RE WITH	SON			
	DEPARTURE	. ,	100		,			
	Di III I ONL				FLIG	HT NO.	НО	JR
RENT A CA	AR							
	AR	DATE		TYP	E	PIC	C UP AT:	
	ED BY (PI							
JAYME GO	ORDON		SON		13		RK712808	
NA	AME	R	ELATIC	NSHIP	AC	E	PASSPOR	I/ID. NO.
KEVIN GO	ORDON	of parties and the same and the same of th	SON	the state and the state of the	14		RK712807	4212
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	tor mark state during more and only your oray year.							
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	Y MEMBERS							
	NAME				SPC	ORT		the same over page with their
Man your your year man with some some so	A see one was properties along about the second		-		-	Y'' TYREY WARE MARY MARK GLOSS MINES I		
IF FAMILY	Y MEMBERS	ARE PAR	r of	DELEGAT	ION,	PLEASE	GIVE DE	TAILS
KEVIN C	ORDONNAME		•	SWI	IMMING SF	PORT		

### 20674

	1/			
	NAME KRAUS SURNAME	SAMA	AL TARYN	EJ83843/ PASSPORT NO.
	ADDRESS 114	LOND SFATO	ON	PASSPORT NO.
	***		the same and the same rate with William	MRP 1K9
	POSITION IN MOVEME	NT MINT	The party and the control with the little over the control with	the control of the co
	DATE OF ARRIVAL	JUNE 29/89	FLIGHT NO	0/8 0730 HOUR
	HOTEL	and high little with feet were any sith that there are do-	NO. OF ROOMS	The same and the s
	SINGLE DOUBL	E SHARE	WITH	No. of the late of
	DATE OF DEPARTURE	JULY 31/89	FLIGHT	4 069 CL30
	RENT A CAR	DATE	TYPE	the man was the table and was the table and ta
	ACCOMPANIED BY (PI			PICK UP AT:
	NAME	RELATIONS	HIP AGE	PASSPORT/ID. NO.
	ARTHUR KRA		34	AE 576215
	RACHEL KRA	1 1	the figure over may true hell after more farmance man	E TESTE 431
	ILANA KRAU	5 Sister	more first that make a first part of	er en els aux des sindes els en
02067	3 SASHA KA	515401		EJ 8-38-431
	ILY MEMBERS A	RE ATHLETES, P	LEASE GIVE DE	
	NAME  Blis class made note the regarded flow about the control of	and you also less care \$50.	5PORT	the time that the time are the first time and the time the time time the time time.
	and with the last with the said that and the All Alex to	of the law All the stirles we can be	With sold data seen was order took took and the contract of	
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	NAME		SPORT	to the way 120 the tier and the top 120 the and the fall the day
¥.	The same of the sa	PM 200	the time the property and after the more time right field and	
	PASSPORT PHOTO: DI-			
I	DEPOSIT PAID: \$	are artaen one	for each fami	ly member registered

#### 20675

NAME KANS SURNAME	FIRST		E 783845
ADDRESS 1/4			
POSITION IN MOVEMENT	60WBALE 01	and the same and the same and the same and	a manufacture was been out to see any other see and out of the time
DATE OF ARRIVAL	TUNE 29/89	LIGHT NO.	809 07/30 HOUR
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SINGLE DOUBLE _	SHARE WITH	THE GOT SECTORS NOW YOUR WAS NOW AND THE PARTY OF THE PAR	the right had were tree tree tree to the last tips of the last place tree is a way were
DATE OF DEPARTURE	FULY 31/89	FLIGHT NO	69 /30 HOUR
RENT A CAR	DATE	YPE PI	CK UP AT:
ACCOMPANIED BY (Pleas			
NAME	RELATIONSHIP	AGE	PASSPORT/ID. NO.
HATHUR KNIUS	talle	a sa Man afrancis	KE574815
MACHEL KHAUS	Wolfels		E78538431
SAMARA KRAUS	SIAWI	5	EJ 838431
SASHA KRAUS	Stalla	their near numbers over eller was one	E 7 8 38 4 3 1
Y MEMBERS ARE	ATHLETES, PLEASE	GIVE DETAI	LS
NAME	AND THE PROPERTY AND TH	SPORT	new new new new large every large lasts lasts, this older half new new pro-
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Y MEMBERS ARE	PART OF A DELEGA	TION, PLEAS	E GIVE DETAILS
NAME	and then then the same and the	SPORT	tills with talk cities at the arts and are the cities are the cities and the cities are
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PASSPORT PHOTO: Please	attach one for	each family	member registered
DEPOSIT PAID: \$	AMO	UNT DUE: S	No. 100 Mars and the second of

DEPOSIT PAID: \$ \_

# 20 676 V.I.P. INDIVIDUAL REGISTRATION FORM

NAME KRAUS RA	ACHEL LORRA	WE	EF 838431
ADDRESS 14 LARD			Thousand,
	THE ONTH		M2P1K9
POSITION IN MOVEMENT	the same and the same and the same bear bear than the same and the same and		Of the co- are the fall of the
DATE OF ARRIVAL JUNE	29/89 E	IGHT NO	18 0730 HOUR
HOTEL Kented a Villa	NO. 0	F ROOMS_	
SINGLE DOUBLE	SHARE WITH	disease continue	and the tips of the the tips of the tips o
DATE OF DEPARTURE	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	FLIGHT	809 //30 No. Hour
RENT A CAR		on the one one one one on	PICK UP AT
ACCOMPANIED BY (Please			
NAME	RELATIONSHIP	AGE	PASSPORT/ID. NO.
ARTHUR M. KRHUS	Husband	34	KF576215
Sanuta T. KRAUS	Daugliter.	5	ET838431
Flama C. KRAUS	Larghten	3	EJ838-431
SASHA LI KRAUS	Hallshier		£7838-431
IF FAMILY MEMBERS ARE AT	THLETES, PLEASE	GIVE DET	AILS
NAME	THE REPORT HER PART HOW SHALL SHEET STATE STATE STATE STATE	SPORT	the east controller, which can care specifies upon the late of the late and page.
Annual data area come come sold data tich was 1900-1900 bely data and seek evel leaf state was an	er cents.	Bets ASS, disk than days are	
IF FAMILY MEMBERS ARE PA	RT OF A DELEGAT	ION. PLE	ASE GIVE DETAILS
NAME	e enter som som som som flest den ente som film inge som	SPORT	
PASSPORT PHOTO: Please a	ttach one for e	ach fami	17 (Pa 17)   Pa 17)

AMOUNT DUE: \$

NAME KAKS SURNAME	ARTHUR	MITHELL	KF576215
ADDRESS //4 /			
POSITION IN MOVEMENT	OFFICIAL	SUPFLIER	MZP (K9
DATE OF ARRIVAL	40 F = 2 2 4 F 2	ELAL DI	8 0720 HOUR
HOTEL	NO.	OF ROOMS_	OR ON AN AND AND AND AN AND ANY AND ANY AND ANY AND AND ANY AND AND ANY AND AND ANY AND AND ANY
SINGLE DOUBLE			>
DATE OF DEPARTURE	1 100 LOS 000 000 000 000 000 000 000 000 000 0	FLIGHT	No. 4008
RENT A CAR	c and also have the area and th	TYPE	PICK UP AT:
ACCOMPANIED BY (Please	give details	and list ag	es of children)
NAME	RELATIONSHIP	AGE	PASS RT/ID, NO.
RACHEL KRAUS	WAR		EA838431
SAUDIH KRAUS	assigliter	. 5	EJ8+138431
ILANA KRAKS	Sugstitle	3.	E784 38431
SASHA KRAUS	- duystier		ETE 11/38-431
IF FAMILY MEMBERS ARE	ATHLETES, PLEA	SE GIVE DET	AILS
NAME	color freed, const.	5PORT	
The season of the season and the sea	\$25 ASS 1005 ASS ASS ASS are year year war were asso-	ment sour april tame ament ment peril nove	May 1000 year room agent size and agent agent agent
ANILY MEMBERS, ARE	PART OF A DELE	GATION, PLE	ASE GIVE DETAILS
NAME	NAME SHAPE S	SPORT	were noted from their new soles also seen than their conditions of the soles and their state of the soles and the soles are the soles and the soles are the soles and the soles are the
the car are not the tip to her are any one are not not not the lot the tip on the		ens van som med olde filt 1986 1989 til til 1980 i 1980.	A -
PAECOORE OVER			F
PASSPORT PHOTO: Please			ly member registered
DEPOSIT PAID: \$	Al	MOUNT DUE:	\$



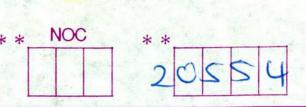
13th Maccabiah Organizing Committee Kfar Maccabiah Ramat-Gan 52105

Israel

Tel: 03-715733 Fax: 03-772059

Telex: 33319 MACAB IL.







Family Name			First Name	Date of birth Day   Month   Year	Sex F M	Food Type * 01 - REGULAR
SMITH	1CR	ANITZI			$\prec$	02 - VEGETARIAN
Passport No.	Participation Previous Maccal		Add	Iress (No Street - Apt)		
KF170880	01 02 03 04 05 06 07 0	08 09 10 11 12	150 BALD	MORAC AV	e sul	T € 403
Profession / Occupation	**		City		State	Zip
Hotel			Country		Phone	No.
**			CAN			
Arrival  Airline & Flight No.  **	28 6 Date	Time of Arrival		To be Completed by Head	of Family	
DepartureAirline & Flight No.	16 7 Date Ti	ime of Departure		ACCOMPANIED BY		**
If Family Members are Athletes or part of a Delegation pl Name	ease give details: *: Sport	*				**
ROBERT SMITH RUGI	No. of the contract of the con	2863				**
	**	*				

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

Please attach an identity photo to this entry form.

Date



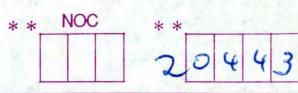
13th Maccabiah Organizing Committee Kfar Maccabiah Ramat-Gan 52105

Israel

Tel: 03-715733 Fax: 03-772059

Telex: 33319 MACAB IL.







Family Name		First Name	Date of birth Day   Month   Year	Sex Food Type *
JACOBSON	CARRIE			✓ 02 - VEGETARIAN
Passport No.	Participation At Previous Maccabiot *	Add	lress (No Street - Apt)	
NW102545	01 02 03 04 05 06 07 08 09 10 11 12	360 RIDI	ELLE AV.	APT. 2214
	**	City		State Zip
Profession / Occupation	**	TORONTO	ONTARI	10 MGBIKT
Hotel		Country		Phone No.
**		CANADA		
Arrival Airline & Flight No.	28.6.89  Date Time of Arrival		To be Completed by Head of	Family
**			ACCOMPANIED BY:	**
Departure	16.7.89			**
Airline & Flight No.  If Family Members are Athletes or part of a Dek	Date Time of Departur	e		
Name	Sport **			**
	**			**
	**			**

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

Please attach an identity photo to this entry form.

Date



13th Maccabiah Organizing Committee Kfar Maccabiah Ramat-Gan 52105

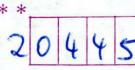
Israel

Tel: 03-715733 Fax: 03-772059

Telex: 33319 MACAB IL.









Family Name			First Name	Date of birth Day Month Year	Sex Food Type *
JAMES	M	ICHAEL			> 02 - VEGETARIAN
Passport No.	Participa Previous Ma		Addr	ess (No Street - Apt)	
LG494969	01 02 03 04 05 06	07 08 09 10 11 12	3333 SW	HARINE	PIVE
Profession / Occupation	**		City	R BC	State Zip  V 6 N 3 H 8
Hotel	Mark The Control of t		Country		Phone No.
**			CANADA		
Arrival EL-AL Ly 318 107  Airline & Flight No.  **	2.7.89 Date	5', 15 AM Time of Arrival	1	o 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 Name MARK JAMES	on please give details: Sport	**			**
		**			**
		**			**

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

Please attach an identity photo to this entry form.

Date



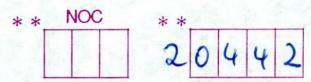
13th Maccabiah Organizing Committee Kfar Maccabiah Ramat-Gan 52105

Israel

Tel: 03-715733 Fax: 03-772059

Telex: 33319 MACAB IL.







Passport No.  Participation At Previous Maccabic 01 02 03 04 05 06 07 08	ot *	ess (No Street - Apt)	01 - REGULAR 02 - VEGETARIAN
S H 9 H 8 O O 2 O1 02 03 04 05 06 07 08	ot *		
	09 10 11 12 55 HARRI		
		SON ROAD	
Profession / Occupation**	City WILLONDA	State 4E ONTARIO	Zip M241V
Hotel RAMADA TEL-AVIV	Country	Pho	ne No.
**	CANADA		
Arrival	me of Arrival To	o be Completed by Head of Family	
		ACCOMPANIED BY:	**
Departure	e of Departure		**
If Family Members are Athletes or part of a Delegation please give details:  Name  Sport  **			**
BOB COHEN SOFTBALL **			**
**			**

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

Please attach an identity photo to this entry form.

Date

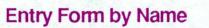


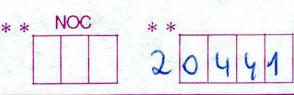
13th Maccabiah Organizing Committee Kfar Maccabiah Ramat-Gan 52105

Israel

Tel: 03-715733 Fax: 03-772059

Telex: 33319 MACAB IL.







Family Name		First Name	Date of birth Day Month Year	Sex Food Type *
STARR	ROSE			02 - VEGETARIAN
Passport No.	Participation At Previous Maccabiot *	Addre	ss (No Street - Apt)	
SH 785318	01 02 03 04 05 06 07 08 09 10 11 12	3555 007	E DES NE	EIGES 412
Profession / Occupation	**	City	QUE	State Zip H 3 H 1 V 2
Hotel SHERATON  **		Country		Phone No.
ArrivalAirline & Flight No.	Date Time of Arrival	То	be Completed by Head of	Family
		ERNEST STA	ACCOMPANIED BY:	18532920440
DepartureAirline & Flight No.	Date Time of Departure			**
If Family Members are Athletes or part of a Delegation Name	n please give details:			**
	**			**
	**			**

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Please attach an identity photo to this entry form.

Date



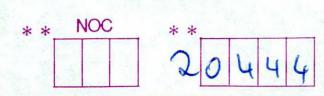
13th Maccabiah Organizing Committee Kfar Maccabiah Ramat-Gan 52105

Israel

Tel: 03-715733 Fax: 03-772059

Telex: 33319 MACAB IL.







Food Type Sex Date of birth First Name **Family Name** Day , Month Year 01 - REGULAR RED 02 - VEGETARIAN Participation At Address (No. - Street - Apt) Passport No. Previous Maccabiot 01 02 03 04 05 06 07 08 09 10 11 Zip City State **Profession / Occupation** 0 CAESAREA Hotel DAN Phone No. Country AD Arrival To be Completed by Head of Family Airline & Flight No. ACCOMPANIED BY: 16.7.89 Date Departure Time of Departure Airline & Flight No. If Family Members are Athletes or part of a Delegation please give details: \*\* Sport DEBORAH GOLD SMITH GOLF

Date

Please attach an identity photo to this entry form.

<sup>\*</sup> Please Circle The Applicable

\*\* For Office Use Only



13th Maccabiah Organizing Committee Kfar Maccabiah Ramat-Gan 52105

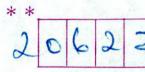
Israel

Tel: 03-715733 Fax: 03-772059

Telex: 33319 MACAB IL.









Family Name			First Name	Date of birth Day   Month   Year	Sex Food Type *  On - REGULAR
COHEN		TED			02 - VEGETARIAN
Passport No.		cipation At s Maccabiot *	Addre	ess (No Street - Apt)	
RK564717	01 02 03 04 05	06 07 08 09 10 11 12	621 WEST	SIST AUE	
Profession / Occupation	**		City	St R BC	ate Zip V6PIB
HotelSHERATON			Country		Phone No.
Arrival  Airline & Flight No.  **	Date	Time of Arrival	C A N	o be Completed by Head of Fa	amily  **
DepartureAirline & Flight No.	lb   7 Date	Time of Departure	BABS RKS	364718	20620
If Family Members are Athletes or part of Name	of a Delegation please give details Sport	: **			**
GARY COHEN	RUGBY MANAGE	** 2874			**

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Date



13th Maccabiah Organizing Committee Kfar Maccabiah

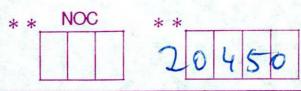
Ramat-Gan 52105

Israel

Tel: 03-715733 Fax: 03-772059

Telex: 33319 MACAB IL.







Family Name		First Name	Date of birth Day Month Year F	Food Type *
DUPUIS-KALLOS	DIANE		×	02 - VEGETARIAN
Passport No.	Participation At Previous Maccabiot *	Address	s (No Street - Apt)	
KF715645	01 02 03 04 05 06 07 08 09 10 11 12	5207 BOU	JRRET +2	
Profession / Occupation	**	City MONTREAL	State State	Zip
Hotel GRAND BEACH HOTEL		Country		Phone No.
Arrival EL-AL 2005  Airline & Flight No.  **	Date Time of Arrival	CANADA	e Completed by Head of Family  ACCOMPANIED BY:	**
DepartureAirline & Flight No.	Date Time of Departure	GARRY KA	LLOS	**
If Family Members are Athletes or part of a Delegation polynome  Name  LALLOS WREST	Sport LWG CDACH 2908			**
	**			**
	**			**

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Date



13th Maccabiah Organizing Committee Kfar Maccabiah Ramat-Gan 52105

Israel

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Telex: 33319 MACAB IL.







Family Name			First Name		of birth Month Year	Sex F M	Food Type * 01 - REGULAR
ENGEL		EFFREY					02 - VEGETARIAN
Passport No.	Participa Previous Ma			Address (No St	reet - Apt)		
KF255443	01 02 03 04 05 06	07 08 09 10 11 12	1160	LD FOR	EST H	144	RD
	**		City		S	tate	Zip
Profession / Occupation	**		TORON	TO	ONTAR	(0)	45P2R=
Hotel JAMIT TOWER			Country			Phone	No.
**			CANADI	A			
						The second secon	
ArrivalAirline & Flight No.	Date	Time of Arrival		To be Comple	eted by Head of F	amily	
Arrival  Airline & Flight No.  **	Date	Time of Arrival	SHEULA	ACCO	MPANIED BY:		** 0 4 2 6
Airline & Flight No.  **  Departure		Time of Donorture	SHEILA	(W'FA PASS	MPANIED BY:	67246	** 20426 **
Airline & Flight No.  **  Departure  Airline & Flight No.	Date	Time of Departure	SHEILA JOSHOA	ACCO	MPANIED BY:	67246	20427
Airline & Flight No.  **  Departure	Date	Time of Donorture	SHE'LA JOSHOA	(W'FA PASS	MPANIED BY:	67246	** 20426 ** 20427 **
Airline & Flight No.  **  Departure  Airline & Flight No.  If Family Members are Athletes or part of a Delegation	Date n please give details:	Time of Departure	SHEILA	(W'FA PASS	MPANIED BY:	67246 55443	20427
Airline & Flight No.  **  Departure  Airline & Flight No.  If Family Members are Athletes or part of a Delegation	Date n please give details:	Time of Departure  **	SHEILA	(W'FA PASS	MPANIED BY:	67246	20427

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\* Please Circle The Applicable

Date

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13th Maccabiah Organizing Committee Kfar Maccabiah

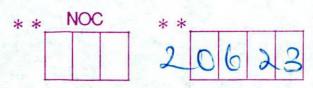
Ramat-Gan 52105

Israel

Tel: 03-715733 Fax: 03-772059

Telex: 33319 MACAB IL.







Family Name			First Name		Date of birth Day Month Year	Sex	Food Type *  M 01 - REGULAR	3.4
EPSTEIN		IRVINE					X 02 - VEGETARIAN	
Passport No.		ticipation At us Maccabiot *		Address (N	lo Street - Apt)			
GE800836	01 02 03 04 05	06 07 08 09 10 11 12	759 WE	STS	50+WA	NE		
	**		City			State	Zip	
Profession / Occupation	**		VANCOU	LUER			VBPIA	4
Hotel NET ANYA			Country			Ph	one No.	
7026317)			CAN	3				
Arrival Airline & Flight No.	2 7 Date	Time of Arrival		To be C	Completed by Head	of Family		
7142 377)					ACCOMPANIED B	Υ:	**	
DepartureAirline & Flight No.	Date	Time of Departure					**	
If Family Members are Athletes or part of a Delegation part Name	Sport	s: **					**	
MARIC EPSTEIN RUGB	Ч	** 2853					**	

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Date



13th Maccabiah Organizing Committee Kfar Maccabiah Ramat-Gan 52105

Israel

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Telex: 33319 MACAB IL.







Family Name		First Name	Date of birth Se Day Month Year F	Food Type *  M 01 - REGULAR
FINE	MIRIAM			02 - VEGETARIAN
Passport No. AMERICAN	Participation At Previous Maccabiot *	Addre	ess (No Street - Apt)	
25793550	01 02 03 04 05 06 07 08 09 10 11 12	21 MALTA	AV	
Profession / Occupation	**	City  D D O	State State	Zip H9B9E6
Hotel		Country		Phone No.
**				
ArrivalAirline & Flight No.	Date Time of Arrival	Т	b be Completed by Head of Family	
			ACCOMPANIED BY:	**
DepartureAirline & Flight No.	Date Time of Departure			**
If Family Members are Athletes or part of a Delega Name Sur	sport  Muning			**
	**			**
	**			**
				The state of the s

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Date

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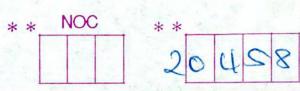


Ramat-Gan 52105

Israel

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







Family Name		First Name	Date of birth Day Month Year	Sex Food Type *
SARBER	NVA			02 - VEGETARIAN
Passport No.	Participation At Previous Maccabiot *		Address (No Street - Apt)	
EJ147726	01 02 03 04 05 06 07 08 09 10	11 12 706-23	DAMPSZAD PS	A BLVD
	**	City	S	State Zip
Profession / Occupation	**	DONMIL	LSONTARI	D M3917
Hotel		Country		Phone No.
**		CAN		
Arrival Airline & Flight No.	Date Time of A	Arrival	To be Completed by Head of	Family
**			ACCOMPANIED BY:	**
DepartureAirline & Flight No.	Date Time of De	eparture		**
If Family Members are Athletes or part of Name	of a Delegation please give details:			**
Jeff GARBER	Rugby ** 28	69		**
	**			**
Signature			Spa Gal	Date
	This form must reach the 13th	Maccabiah Headquarters no lat	er than May 31, 1989	* Please Circle The Applicable ** For Office Use Only

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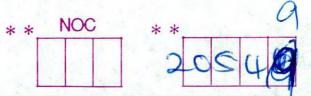
13th Maccabiah Organizing Committee Kfar Maccabiah

Ramat-Gan 52105

Israel Tel: 03-715733 Fax: 03-772059

Telex: 33319 MACAB IL.







Family Name			First Name	Date of birth Day Month Year	Sex F M	O1 REGULAR
GOLDBERG	7	HTIAN			Χ '	02 - VEGETARIAN
Passport No.	Particip Previous M	ation At accabiot *		Address (No Street - Apt)		
EJ7448a	01 02 03 04 05 06	07 08 09 10 11 12	930 WIN	WICK RD		
9. 11007600 00:	**		City		State	Zip
Profession / Occupation MASTERS BRI	**		HACIFAX			B3 H4LS
Hotel _ CARLTON	CA		Country		Phone	No.
**			CAN			
Arrival BA660	3 7 Date	Time of Arrival		To be Completed by Head o	f Family	
Airline & Flight No. **	Date	Time of Arrival		ACCOMPANIED BY	100	**
Departure Airline & Flight No.	18 >	Time of Departure				**
If Family Members are Athletes or part of a Delegation		**				**
	The second second	**				**
VICTOR GOLDBERG BRI	26€	2970				
		**				**
					The state of the s	A STATE OF THE STA

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Date



13th Maccabiah Organizing Committee Kfar Maccabiah

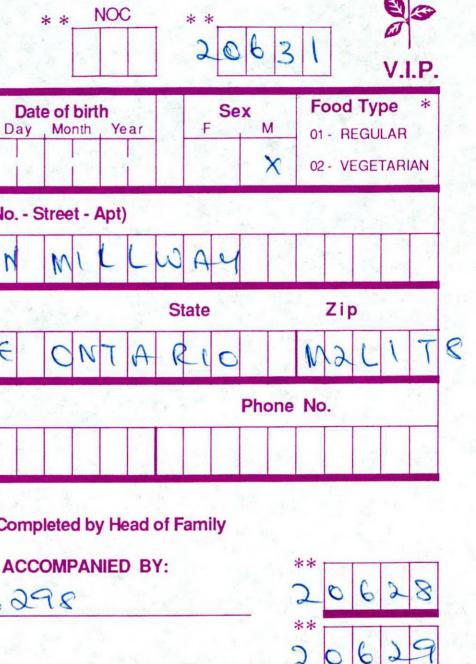
Ramat-Gan 52105

Israel

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Telex: 33319 MACAB IL.





Family Name			riistivanie		Day Month Y	ear F	, M 0	1 - REGULAR
GOLDSILVER	R	ACPH					1	2 - VEGETARIAN
Passport No.	Participati Previous Mad		Same and the same	Address (N	lo Street - Apt	()		
KF156297	01 02 03 04 05 06 0	7 08 09 10 11 12	79 CR	1 m s 0	n mit	LWAY		
Profession / Occupation	**		City	NAHU	FUNT	State		Zip
HotelSHERATON	**		Country			11 100	Phone N	0.
			CAN					
Arrival Airline & Flight No.	Date	Time of Arrival		To be C	Completed by H	lead of Family		
			PAM	ICF 156	ACCOMPANIE 298	D BY:	**	0628
DepartureAirline & Flight No.	Date	Time of Departure	MATTHER				**	0629
If Family Members are Athletes or part of a Delegation Name	please give details: Sport	**	RYAN				**	0630
ERIC GOLDSILVER SU	DIMININE	2823					**	
		**					**	

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Please attach an identity photo to this entry form.

Date



Israel

Tel: 03-715733 Fax: 03-772059

Telex: 33319 MACAB IL.

Entry Form by Name	Entr	y Form	by N	ame
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* *	NOC	* *		, A	3' =	
		2	0	6	2	7



Food Type Date of birth Sex First Name **Family Name** Day Month Year 01 - REGULAR 02 - VEGETARIAN **Participation At** Address (No. - Street - Apt) Passport No. **Previous Maccabiot** 02 03 04 05 06 07 08 09 10 11 12 City State Zip Profession / Occupation CARLTON Phone No. Country Hotel O7·30
Time of Arrival Arrival To be Completed by Head of Family Airline & Flight No. ACCOMPANIED BY: HELEN LE 416129 16/7 Departure Time of Departure Airline & Flight No. If Family Members are Athletes or part of a Delegation please give details: Sport Name CRIK GOLDSIWER SWIMMING

Signature

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Date



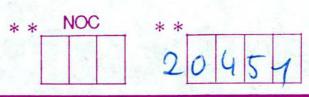
13th Maccabiah Organizing Committee Kfar Maccabiah Ramat-Gan 52105

Israel

Tel: 03-715733 Fax: 03-772059

Telex: 33319 MACAB IL.







Family Name			First Name	Date of birth Day Month Year	Sex F M	Food Type *
GREER	ST	EPHANIE	ε			02 - VEGETARIAN
Passport No.	Participation Previous Macca	At biot *	Addres	ss (No Street - Apt)	10 M	
	01 02 03 04 05 06 07	08 09 10 11 12	30 HAVENS	DALEROAL		
	**		City	Sta	te	Zip
Profession / Occupation	**		SCARBORO	UGH		
Hotel			Country		Phone	No.
**			CANADA			
Arrival	28 6 Date	Time of Arrival	To	be Completed by Head of Fa	milv	
Airline & Flight No.	Date	Time of Arrival		ACCOMPANIED BY:		**
	2.15			Account Article D1.		
DepartureAirline & Flight No.	Date T	ime of Departure		1-2-		**
If Family Members are Athletes or part of a Dek	egation please give details:	*				**
Name TOM GREER	Sport BRIDGE	2968				
	*	*			alty a	**
(SPOUSE)	*	*				**

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Date

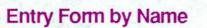


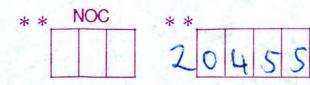
13th Maccabiah Organizing Committee Kfar Maccabiah Ramat-Gan 52105

Israel

Tel: 03-715733 Fax: 03-772059

Telex: 33319 MACAB IL.







Family Name			First Name	Date of birth Day   Month   Year	Sex F M	Food Type *
HARTMANGRUBER		ICHELE			>	02 - VEGETARIAN
Passport No. AMERICAN	Particip Previous M	ation At	Addres	s (No Street - Apt)		
130064493		07 08 09 10 11 12	4866 CO-	TEDEN	IEGES	806
	**		City		State	Zip
Profession / Occupation	**		MONTREAL	QUE		
Hotel GRAND BEACH HOTEL			Country		Phone	No.
**			CANADA			
Arrival	28.6.89				The second second	
Airline & Flight No.	Date	Time of Arrival	То	be Completed by Head of	Family	
				ACCOMPANIED BY:		**
Departure	31.7.89				- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	**
Airline & Flight No.	Date	Time of Departure				
If Family Members are Athletes or part of a Delegation Name	please give details: Sport	**			0 - 1	**
		- 44				**
		**				
		**			- 2	**
		Control of the Control				

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Date



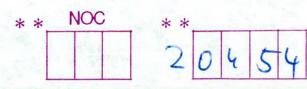
13th Maccabiah Organizing Committee Kfar Maccabiah Ramat-Gan 52105

Israel

Tel: 03-715733 Fax: 03-772059

Telex: 33319 MACAB IL.







Family Name			First Name	Date of birth Day Month Year F	Sex Food Type *  01 - REGULAR
ITKOW	H	ELEN			02 - VEGETARIAN
Passport No. AMERICAN	Particip Previous M	ation At Maccabiot *	Address	s (No Street - Apt)	
25793549	01 02 03 04 05 06	07 08 09 10 11 12	672 AV DE	ES PINS E	ST
Profession / Occupation	**		City	State	Zip
	**		STSAUVER	QUEB	
**			Country	5 7 5 7 5	Phone No.
			CANADA		
Arrival 018	29.6.89	06:55			
Airline & Flight No.	Date	Time of Arrival	lob	e Completed by Head of Fami	
				ACCOMPANIED BY:	**
DepartureAirline & Flight No.	20. 7, 89 Date	Time of Departure			**
If Family Members are Athletes or part of a Delegation					
Name	Sport	** 4196			**
LEE FINE SUM	MINE	**			**
					**
		**			
	The state of the s				

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Date

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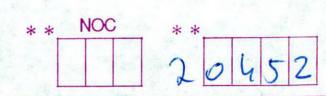
13th Maccabiah Organizing Committee Kfar Maccabiah Ramat-Gan 52105

Israel

Tel: 03-715733 Fax: 03-772059

Telex: 33319 MACAB IL.







Family Name			First Name	Date of birth Day Month Year	Sex Food Type *
KIRSH .	CI	NDY			2 02 - VEGETARIAN
Passport No.	Participation Previous Macca		Addres	ss (No Street - Apt)	
	01 02 03 04 05 06 07	08 09 10 11 12	1001 BAY	STAPT	2003
	**		City	St	ate Zip
Profession / Occupation	**		TORONTO	1 N553A6	
HotelCARLYON			Country		Phone No.
**			CANADA		
Arrival Airline & Flight No.	28 - 6	Time of Arrival	То	be Completed by Head of F	amily
**				ACCOMPANIED BY:	**
DepartureAirline & Flight No.	Date	Time of Departure			**
If Family Members are Athletes or part of a Delegation p  Name  STEPHEN AARONS  BRI	ease give details:	** 4573			**
	DOE	**			**
(SPOUSE)		**			**

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Date



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13th Maccabiah Organizing Committee Kfar Maccabiah

Ramat-Gan 52105

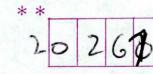
Israel

Tel: 03-715733 Fax: 03-772059

Telex: 33319 MACAB IL.







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Family Name		First Name	Date of birth Day Month Year F	Food Type *
LANG	HELEN		V	02 - VEGETARIAN
Passport No.	Participation At Previous Maccabiot *	Address	s (No Street - Apt)	
	01 02 03 04 05 06 07 08 09 10 11 12	33 LYNCRE	FTROAD	
	** [2	City	State	Zip
Profession / Occupation	**	MONTREAL	QUEBEC	H3 X3E3
Hotel HOTEL SHERATON	SH	Country		Phone No.
**		CANADA	514	7487711
Arrival ELALO10 7070 Airline & Flight No.	27.6.89 0905  Date Time of Arrival	Tob	e Completed by Head of Family	
**			ACCOMPANIED BY:	**
	14.7.89	NICUI LANG		**
DepartureAirline & Flight No.	Date Time of Departure	JONATHANOL	ANG	
If Family Members are Athletes or part of a Delegation Name	sport **			**
	**			**
رور مرور ورحس زرور	**			**
Note 1 285 Childing 14186				
Acel 48 किटाए.				
Signature				Date

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13th Maccabiah Organizing Committee Kfar Maccabiah Ramat-Gan 52105

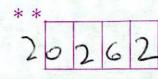
Israel

Tel: 03-715733 Fax: 03-772059

Telex: 33319 MACAB IL.









Family Name			First Name	Date of birth Day Month Year	Sex Food Type *
LANG		MAHTANOL			02 - VEGETARIAN
Passport No.		cipation At  Maccabiot *	Addres	ss (No Street - Apt)	
	01 02 03 04 05 0	06 07 08 09 10 11 12	33 LYNCR	OFT ROAS	
	**	9)	City		State Zip
Profession / Occupation	**		HONGREAL	QUEBEC	H3×3 E3
HOTEL SHERATON	SIH		Country		Phone No.
**			CAMADA		5147487711
Arrival ELAL 040 7779 Airline & Flight No.	27.6.89 Date	Time of Arrival	То	be Completed by Head o	f Family
**				ACCOMPANIED BY	**
	14.7.89		NICHI LAN	VG-	**
DepartureAirline & Flight No.	Date	Time of Departure	WELEN LA	NG	
If Family Members are Athletes or part of a Delegation Name	please give details: Sport	**	- WELEN CH	N G	**
		**		** * * * * * * * * * * * * * * * * * *	**
				4	
		**			**
			3		

Date

<sup>\*</sup> Please Circle The Applicable \*\* For Office Use Only

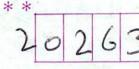


Tel: 03-715733 Fax: 03-772059 Telex: 33319 MACAB IL.

**Entry Form by Name** 









Food Type Date of birth Sex First Name Family Name , Month , Year 01 - REGULAR LANG 02 - VEGETARIAN Participation At Previous Maccabiot Passport No. CKN TO 9/9/ Address (No. - Street - Apt) 06 07 08 09 0002 LYNCROFT Zip Profession/Occupation DUSINGSMAN

Hotel SURRAGON TEL AVIV MONTREAL Phone No. Country CANADA To be Completed by Head of Family Departure Time of Departure Airline & Flight No. If Family Members are Athletes or part of a Delegation please give details: HELLEN LANG EHUDAA SITRUM SIANCE OF DAUGHTER \* Please Circle The Applicable \*\* For Office Use Only 16:100 COGIODI)

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



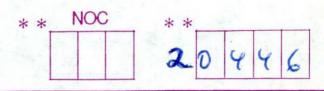
Ramat-Gan 52105

Israel

Tel: 03-715733 Fax: 03-772059

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Family Name		First Name	Date of birth Day Month Year	Sex Food Type *
LITMAN	SARI			> 02 - VEGETARIAN
Passport No.	Participation At Previous Maccabiot *	Add	dress (No Street - Apt)	
NW189271	01 02 03 04 05 06 07 08 09 10 11 12	6111 AV.	DUBOISE	153
	**	City	Sta	ate Zip
Profession / Occupation	**	MONTREAL	LQUE	H352V8
Hotel CARLETON		Country		Phone No.
**		CANADA		
Arrival	29. 6.89 07:30  Date Time of Arrival		To be Completed by Head of Fa	mily
**			ACCOMPANIED BY:	**
Departure 385 Airline & Flight No.	17.7.89 14:00 Date Time of Departure	HOWARD G	RUNDMAN	**
If Family Members are Athletes or part of a Delegation p	Sport **			**
HOWARD GRUNDMAN BOWL	ing (coach) ** 2982	•		**
	**			**
		AN A		
Signature				Date
		Te .		* Please Circle The Applicable

This form must reach the 13th Maccabiah Headquarters no la



Israel

Tel: 03-715733 Fax: 03-772059

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L I	Family Name			FRED	First N	lame	Date of birt		Sex nen Men	Heigh	nt	Weight kg	Н	Food 01 - RE 02 - VE 03 - NA	GULAF GETAF	RIAN
per t				Pa	rticipat	ion At		Addre	ess (No	Street -	Apt)					
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01	CHEF OF MISSION		BA	BADMINTON	YA	SAILING										
02	ASSISTANT CHEF DE MISSION		BB	BASKETBALL	SH	SHOOTING			•							
03	TEAM OFFICIAL	X	CP	CLAY PIGEON	SF	SOFTBALL				PERSO	NAL	ACHIEV	EME	NTS		
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 WEIGHTLIFTING										
12	PRESS		LB	LAWN BOWLS	WL	WRESTLING										
			MF	MINI FOOTBALL ROWING	BR	BRIDGE										
			RO	RUGBY UNION	CH CH	CHESS	^									
signed	d)Captain of the T						ney July M. Chairman of	Serve the Team			Γ	Date				
	Capiain of the 1	baili						/								

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Please attach an identity photo to this entry form.

PLEASE CIRCLE THE APPLICABLE \*

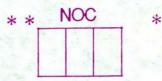


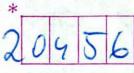
13th Maccabiah Organizing Committee Kfar Maccabiah Ramat-Gan 52105

Israel

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









T CICA. 33317 II			First Name	Date of birth	Sex	Food Type *
Family Name	16.3		First Name	Day Month Year	F M	01 - REGULAR
LOMAIN		FRANCINE			X	02 - VEGETARIAN
Passport No.		cipation At * * *	Addres	ss (No Street - Apt)		
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	**		City	Sta	ite	Zip
Profession / Occupation	**		HONGREAL	QUE H3	x3€3	
Hotel _ KING DAVID			Country	a W. Tarabana	Phone	No.
**			CANADA			
Arrival DAO Airline & Flight No.	29.6. Date	6:00 AM Time of Arrival	То	be Completed by Head of Fa	mily	
**				ACCOMPANIED BY:	,	**
Departure	Date	6 - 20 AM Time of Departure			,	**
If Family Members are Athletes or part of a Delegation Name	olease give details: Sport	**			,	**
		**				**
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Please attach an identity photo to this entry form.

Date

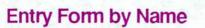


13th Maccabiah Organizing Committee Kfar Maccabiah Ramat-Gan 52105

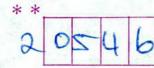
Israel

Tel: 03-715733 Fax: 03-772059

Telex: 33319 MACAB IL.









Family Name			First Name	Date of birth Day Month Year F N	Food Type *
MUOTER	M	ORRIS		)	
Passport No.	Participa Previous M		Addr	ess (No Street - Apt)	
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	**		City	State	Zip
Profession / Occupation	**		TORONTO	ONTARIO	M6BIR
Hotel			Country	Pho	one No.
**			CANADA		
Arrival OIS Airline & Flight No.	29 6 Date	Time of Arrival	Т	o be Completed by Head of Family	
**			ItELEN	ACCOMPANIED BY:	** 20545
Departure Airline & Flight No.	Date	Time of Departure			**
If Family Members are Athletes or part of a Delegation Name	please give details: Sport	**			**
		**			**
		**			**

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Date



13th Maccabiah Organizing Committee Kfar Maccabiah

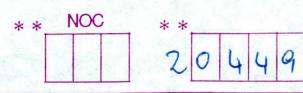
Ramat-Gan 52105

Israel

Tel: 03-715733 Fax: 03-772059

Telex: 33319 MACAB IL.







Family Name		First Name Date of b	
RESLICK	RON		→ 02 - VEGETARIAN
Passport No.	Participation At Previous Maccabiot *	Address (No Street	- Apt)
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Profession / Occupation	**	City BALTIMORE	State Zip  ONTARIO KOKICO
Hotel		Country	Phone No.
Arrival **			
ArrivalAirline & Flight No.	Date Time of Arrival	To be Completed	by Head of Family
DepartureAirline & Flight No.	19.7.89  Date Time of Departure		** ** ** ** ** ** ** ** ** ** ** ** **
If Family Members are Athletes or part of a Delegation Name ANITA HALPERN SQU	Sport JASH ** 2963		**
	**		**

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

Please attach an identity photo to this entry form.

Date



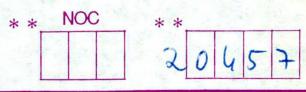
13th Maccabiah Organizing Committee Kfar Maccabiah Ramat-Gan 52105

Israel

Tel: 03-715733 Fax: 03-772059

Telex: 33319 MACAB IL.







Family Name			First Name	Date of birth Day Month Year	Sex Food Type *
SEGAL	AL	VIN			> 02 - VEGETARIAN
Passport No.	Participation Previous Macca		Addre	ss (No Street - Apt)	
16256054	01 02 03 04 05 06 07	08 09 10 11 12	35 LYNC	ROFT	
Profession / Occupation	**		City MONTREAL	Stat	zip H3×3E3
Hotel KING DAVID			Country		Phone No.
**					
Arrival  Airline & Flight No.  **	29.6.89 Date	Time of Arrival	Тс	b be Completed by Head of Fan	nily
	200			ACCOMPANIED BY:	**
Departure EL-AL 541  Airline & Flight No.		ime of Departure			**
If Family Members are Athletes or part of a Delegation   Name	blease give details:	*			**
	*	*			**
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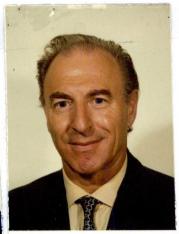
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Date



ELAINE SHARFE



Sherwood SHARFE





Donal QUART



13th Maccabiah Organizing Committee Kfar Maccabiah Ramat-Gan 52105

Israel

Tel: 03-715733 Fax: 03-772059

Telex: 33319 MACAB IL.

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Family Name		First Name	Date of birth Day Month Year	Sex Food Type *
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Passport No.	Participation At Previous Maccabiot *	Addres	ss (No Street - Apt)	
SH230485 010203	8 04 05 06 07 08 09 10 11 12	3826 BA	LFOJR PL	
Profession / Occupation**		City SASKATOO	Sta N S K	zip S7H32
Hotel CARLTON T.A.  **		COUNTRY		Phone No.
Arrival	ate Time of Arrival		be Completed by Head of Fa	
Departure  Airline & Flight No.  If Family Members are Athletes or part of a Delegation please give	databa	ELAINE SHARF DASSP. EJ 65864 ROBERT SHAR	E (WFE-46) FE (23)	20434
Name KEUIN SHARFE GYMNASTI	'CS **	PAMELA SHAR KEUIN SHARF		20437
	**			**

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Date



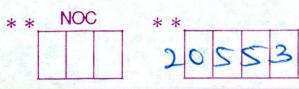
13th Maccabiah Organizing Committee Kfar Maccabiah Ramat-Gan 52105

Israel

Tel: 03-715733 Fax: 03-772059

Telex: 33319 MACAB IL.







Family Name		First Name	Date of birth Day Month Year F	Food Type *  M 01 - REGULAR
STARR	HOWARD			02 - VEGETARIAN
Passport No.	Participation At Previous Maccabiot *	Addr	ress (No Street - Apt)	
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Profession / Occupation	**	City	State	Zip
	**			
Hotel SHERATON **		Country	Ph	one No.
		CAN		
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	AUUA		**
If Family Members are Athletes or part of a Delegation Name				**
	**			**
ADAM TRACK	+ FIECD **			**
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Date

\* Please Circle The Applicable

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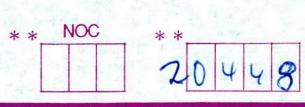


13th Maccabiah Organizing Committee Kfar Maccabiah Ramat-Gan 52105

Israel

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







Family Name			First Name	Date of birth Day Month Year	Sex Food Type *  On - REGULAR
WIESWOPF	HA	IRVEY			02 - VEGETARIAN
Passport No.	Participat Previous Ma		Addres	s (No Street - Apt)	
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Profession / Occupation	**		City  COTEST. U	State  UC QUEE	
Hotel DAN CAESAREA  **			Country  CANADA		Phone No.
ArrivalAirline & Flight No.	Date	Time of Arrival	Tol	be Completed by Head of Far ACCOMPANIED BY:	mily  **
DepartureAirline & Flight No.	Date	Time of Departure			**
If Family Members are Athletes or part of a Delegation Name WIESUOPF NAOH GO	please give details: Sport	**			**
WIESCOPP NAUTTI		**			**
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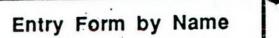
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Ramat-Gan 52105

Israel

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		10	elex. 3331	9 MACAB IL.									
	Family Name				First N	ame		Date of birth Day Month Year	w	Sex omen Men	Height	Weight kg	Food Type * 01 - REGULAR 02 - VEGETARIAN
UN	G B RM A N			I  R  V  I	N G					X			03 - NATURALIST
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02	ASSISTANT CHEF DE MISSION		BB	BASKETBALL	SH	SHOOTING							
(03)	TEAM OFFICIAL	X_	CP	CLAY PIGEON	SF	SOFTBALL					PERSONAL	ACHIEVEN	MENTS
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	-						
80	REFEREE		<u></u>	GOLF	TP	TEN PIN BOWLING	-						
09	INTER. OBSERVER		GY	GYMNASTICS	TF VB	TRACK & FIELD VOLLEYBALL	-						
10	JUDGE		JU	JUDO	WA	WATERPOLO							
11	UMPIRE		KA LB	LAWN BOWLS	WL	WEIGHTLIFTING	-						
12	PRESS		MF	MINI FOOTBALL	WR	WRESTLING							
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Sec.			RU	RUGBY UNION	ан	CHESS	2 .	1					
(signed	Captain of the To	oam.	-		(cour	ntersigned)	Inel	WELME Chairman of the	1 10/01 Team			Date	
200	Captain of the 10	ealli				./			/				

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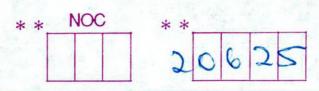


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Telex: 33319 MACAB IL.







Family Name			First Name	Date of birth Day   Month   Year	Sex F M	Food Type *
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258US700	01 02 03 04 05 06	07 08 09 10 11 12	601 FINC	HAVE		
	** 91		City		State	Zip
Profession / Occupation	**		MILLOWDE	TUE ONTE	ARIO	MARIN9
HotelCARLTON	CA		Country		Phone	No.
**			CAN			
ArrivalAirline & Flight No.	)9 6 Date	Time of Arrival		o be Completed by Head of	Family	
**				ACCOMPANIED BY:		**
Departure	16/7		Ruth SH	739108	87	20624
DepartureAirline & Flight No.	Date	Time of Departure				
If Family Members are Athletes or part of a Delegation Name	n please give details: Sport	**				**
ERICH GOLDSILVER SI	11 10 10 10 10	** 2823				**
CICILITY COUDSTICTION ST	or randerso	**				**

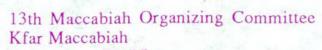
Signature

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Date





Ramat-Gan 52105

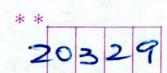
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Family Name			First Name	Date of birth Day Month Year	Sex F M	Food Type *
KAPLUN	M	ARCOS			X	02 - VEGETARIAN
Passport No.	Particip Previous I	oation At *	Addr	ess (No Street - Apt)		
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Profession (Occumation Tro. Comparcia)	**	IMC	City	Sta	ite	Zip
Profession / Occupation Ing. Comercial	**	20	Santiago			
Hotel **			Country		Phone	No.
				C	HILE	
ArrivalAirline & Flight No.	Date	Time of Arrival	T	o be Completed by Head of Far	mily	
**				ACCOMPANIED BY:	*	*
DepartureAirline & Flight No.	Date	Time of Departure		-	*	*
If Family Members are Athletes or part of a Delegation Name	please give details: Sport	**			*	*
Name	Sport				100	
		**			*	*
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Stanature	[ic Usuzs	Jos. Masico	7 371141112 307	*	* Please Circle	Date e The Applicable

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Ramat-Gan 52105

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Telex: 33319 MACAB IL.

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Entry Form by Name		* * NOC	* *	
				V
First Name		Date of birth	Sex	Food Type

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Family Name		First Name	Date of birth Day Month Year	Sex Food Type * 01 - REGULAR
D R E Z N E R	DAVID		2 8 0 16 7	X 02 - VEGETARIAN
Passport No.	Participation At Previous Maccabiot *	Addr	ess (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	
	**	City	State	e Zip
Profession / Occupation	**	BOGOTA		
Hotel		Country		Phone No.
**		COLOMBIA	6 1	0 38 6 0
Arrival IB 886 G Airline & Flight No.	JUNIO 30 18:30  Date Time of Arrival	Т	o be Completed by Head of Fan	nily
**			ACCOMPANIED BY:	**
Departure I B	JULIO 14 19:40			**
Airline & Flight No.	Date Time of Departure	2		
If Family Members are Athletes or part of a Delegation Name	Sport **			**
	**	169		**
	**			**
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CCB				Date
Signature			*	Please Circle The Applicable

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**Entry Form by Name** 

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\* Please Circle The Applicable

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V.I.P.

	-715733 Fax: 03-772059 33319 MACAB IL.		V.I.P.
Family Name		First Name Date of bir	
DREZNER	DAVID	2 8 0 1	6 7 X 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 -	
	**	City	State Zip
Profession / Occupation	**	BOGOTA	
Hotel		Country	Phone No.
**		COLOMBIA	6 1 0 38 6 0
Arrival IB 886 G Airline & Flight No.	JUNIO 30 Date Time of Arrival	To be Completed b	y Head of Family
**		ACCOMPA	NIED BY:
Departure IB Airline & Flight No.	JULIO 14 19:40  Date Time of Departure		**
If Family Members are Athletes or part of a Deleg	gation please give details:		**
	**		**
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(to			
Signature			Date

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**Entry Form by Name** 

* NOC	* *	0
		W V
		V.

Tel: 03-715733 Fax: 03-772059 Telex: 33319 MACAB IL. Food Type Date of birth Sex First Name **Family Name** Day Month Year 01 - REGULAR 02 - VEGETARIAN 2 8 0 16 Participation At Address (No. - Street - Apt) Passport No. Previous Maccabiot 01 02 03 04 05 06 07 08 09 10 11 12 State Zip City Profession / Occupation Phone No. Country Hotel 18:30 JUNIO 30 Arrival To be Completed by Head of Family Time of Arrival Airline & Flight No. ACCOMPANIED BY: 19:40 JULIO 14 \*\* Departure Time of Departure Date Airline & Flight No. If Family Members are Athletes or part of a Delegation please give details: \*\* Sport Name \*\* \*\* \*\* \*\*

Signature

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Date



Israel

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

*	NOC	* *_	
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\* Please Circle The Applicable

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Family Name  DREZNER	DAI	V I D	First Name	Date of birth Day Month Year 2 8 0 16 7	Sex Food Type > 01 - REGULAR
Passport No.  A C 1 4 9 1 4 9	Participation A Previous Maccab	piot *	C A L L E 9 2	# 4 A - 8 0	
Profession / Occupation	**		City  B O G O T A		State Zip
Hotel			C O L O M B I A		Phone No. 6 1 0 38 6 0
Arrival IB 886 G Airline & Flight No. **	JUNIO 30 Date	18:30 Time of Arrival	Тс	be Completed by Head  ACCOMPANIED B	
Departure IB Airline & Flight No.	JULIO 14 Date Tir	19:40 me of Departure			**
If Family Members are Athletes or part of a Delegation Name	please give details:  Sport  **				**
	**				**
Signature					Date

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Family Name

Passport No.

7 3 5 1 9 0

IB 886 G

Airline & Flight No.

Airline & Flight No.

Name

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

Profession / Occupation

Hotel

Arrival

Departure

13th Maccabiah Organizing Committee

01 02 03 04 05 06 07 08

JUNIO 30

Date

Date

Kfar Maccabiah Ramat-Gan 52105

Israel

Tel: 03-715733 Fax: 03-772059

Telex: 33319 MACAB IL.

ng Committee				
-772059	Entry Form by Name	** NOC	**	V.I.P.
M O I S S E	First Name	Date of birth Day Month Year 2 4 0 4 6 5	Sex F X	OF NEGOEAR
Participation At Previous Maccabiot  3 04 05 06 07 08 09 10 11 12		dress (No. Street - Apt)  2 # 1 0 1 - 8 2	2	
	B O G O T A		State	Zip
	C O L O M B I	A	2 5 6 1	one No.
NIO 30 18:30 Time of Arrival		To be Completed by Head		**
Time of Departure details:	re			**
**				**

Signature

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Date



Israel

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

Entry	Form by Name	
State of the last		

NOC	* *		EW.
			V



Family Name			First Name	Date of birth Day Month Year	Sex F M	Food Type *
SASSON	MOI	S S E S		2 4 0 4 6	5 X	02 - VEGETARIAN
Passport No.	Participation At Previous Maccabio	t *	Addre	ss (No Street - Apt)		
P 0 7 3 5 1 9 0	01 02 03 04 05 06 07 08 0	09 10 11 12	TRASV. 22	# 1 0 1 - 8	2	
	**		City		State	Zip
Profession / Occupation	**		BOGOTA			
Hotel			Country		Phone	e No.
**			COLOMBIA		25619	06/
Arrival IB 886 G		18:30				
Airline & Flight No.	Date Tin	ne of Arrival	То	be Completed by Head	d of Family	
				ACCOMPANIED I	BY:	**
Departure Airline & Flight No.	Date Time	e of Departure				**
If Family Members are Athletes or part of a Delegation Name	please give details: ** -					**
	**					**
	**					**
11						7

Signature

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Please attach an identity photo to this entry form.

Date



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Family Name			First Name	Date of birth Day   Month   Year	Sex	Food Type *  M 01 - REGULAR
SASSON	M O	ISSES		2 4 0 4 6 !		02 - VEGETARIAN
Passport No.	Participation Previous Mac	on At *	Addres	ss (No Street - Apt)		
P 0 7 3 5 1 9 0	01 02 03 04 05 06 07	7 08 09 10 11 12	T R A S V. 2 2	# 1 0 1 - 8 2	2	
	**		City		State	Zip
Profession / Occupation	**		BOGOTA			
Hotel			Country	1	Ph	one No.
**			COLOMBIA		2,5 6 1	9 0 6
Arrival IB 886 G	JUNIO 30	18:30		ha Cammiatad bu Haga	l of Family	
Airline & Flight No.	Date	Time of Arrival	10	be Completed by Head		
				ACCOMPANIED I	BY:	**
DepartureAirline & Flight No.	Date	Time of Departure				**
If Family Members are Athletes or part of a Delegation	on please give details: Sport	**				**
		**				**
		**				**
(1)						
Signature				-,		Date
					* Please	Circle The Applicable

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13th Maccabiah Organizing Committee Kfar Maccabiah Ramat-Gan 52105

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Family Name		First Name	Date of birth Day Month Year	Sex Food Type *
SASSON	MOISSES		2 4 0 4 6 5	X 02 - VEGETARIAN
Passport No.	Participation At Previous Maccabiot *	Address	(No Street - Apt)	
P 0 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	
	**	City	S	tate Zip
Profession / Occupation	**	BOGOTA		
Hotel		Country		Phone No.
**		COLOMBIA	- 2	5 6 1 9 0 6
Arrival IB 886 G	JUNIO 30 18:30			
Airline & Flight No.	Date Time of Arrival	To b	e Completed by Head of F	amily
			ACCOMPANIED BY:	**
DepartureAirline & Flight No.	Date Time of Departure			**
If Family Members are Athletes or part of a Delegation part Name	blease give details:			**
	**			**
				**
	**			

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13th Maccabiah Organizing Committee Kfar Maccabiah

Ramat-Gan 52105

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



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Family Name			First Name	Date of birth Day Month Year F	Sex Food Type *
B I B A S	M	A R C O S		14-6-37	X 02- VEGETARIAN
Passport No.	Participa Previous Ma		Addr	ess (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	
vefeesien / Occupation	**		City	State	Zip
rofession / Occupation SHERATON	**		B O G O T A		
lotel			Country		Phone No.
			C O L O M B I A	2 5	6 6 0 0 6
Arrival AIR FRANCE + 1306  Airline & Flight No.	JULIO 1º Date	6:45 PM. Time of Arrival	T	o be Completed by Head of Famil	у
**			REBECA BIBAS	ACCOMPANIED BY: WIFE	* 943445
eparture Airline & Flight No.	Joly 14 89 Date	Time of Departure	LEON BIBAS	SON	\$\$\\0\\\3\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
Family Members are Athletes or part of a Delegation Name	ion please give details: Sport	**	DINA BIBAS	DAUGHTER	*20346 1111-71
	1	**			**
		**			**

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13th Maccabiah Kfar Maccab; 52105 Ramat-Gran 52105

Tel: 03-715733 Fax: 03-772059









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Farring Name		First Name	Date of birth Day Month Year	Sex Food Type *  F M 01 - REGULAR
CHISLAVSKY	N O E L		1 6 0 4 4 3	X 02 - VEGETARIAN
Passport No.	Participation At Previous Maccabiot *	Addı	ress (No Street - Apt)	
A C 1 7 7 3 3 6	01 02 03 04 05 06 07 08 09 10 11	12 C A L L E 7 # 1	1 2 - 0 8 P I	S 0 7
	**	City	Sta	ate Zip
ofession / Occupation	**	BOGOTA		
otelSHERATON		Country		Phone No.
**	2 - 2	COLOMBIA	2	6 2 7 0 0 0
Tival IBERIA 882  Airline & Flight No.  **	JUNIO 30  Date Time of Arriva	al 1	To be Completed by Head of Fa	mily
			ACCOMPANIED BY:	** 7 7 2 8
parture SK 772	+144	ROSITA ANCHIS	LAVSKY WIFE	16-5-57
Airline & Flight No.	Date Time of Depart	ure ALLAN ANCHISL	AVSKY SON	2033 ( 17-2-7
Family Members are Athletes or part of a I Name ONNY ANCHISLAVSKY	Sport F00TBALL **	DAVID ANCHISL	AVSKY SON	*20337 18-1-78
JAN THOM TO ENTO KI	**		. !	**
	**			**
Signature				Date

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Entry F	om by	y Name
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Family Name		First Name	Date of birth Day Month Year F	Sex Food Type *  M 01 - REGULAR
C H A L E N	PETER		2 1 0 9 7 2	X 02 - VEGETARIAN
	Participation At vious Maccabiot *	Addres	ss (No Street - Apt)	
	05 06 07 08 09 10 11 12	C A L L E 5 7 #	4 - 2 8 APTO	1 0 1
**		City	State	Zip
Profession / Occupation **		B O G O T A		
Hotel		Country		Phone No.
**		COLOMBIA	01	9 1 0 7
Arrival IB 886 G JUNIO Date	30 18:30 Time of Arrival	То	be Completed by Head of Family	y
**			ACCOMPANIED BY:	**
Departure Date	Time of Departure			**
Airline & Flight No.  Date  If Family Members are Athletes or part of a Delegation please give de				
Name Sport	**			**
	**			**
	**			**
Signature			*p	Date lease Circle The Applicable

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Family Name		First Name	Date of birth Day Month Year	Sex Food Type *
C H'A L E N	PETER		2 1 0 9 7 2	X 02 - VEGETARIAN
Passport No. Pre	Participation At *	Address	s (No Street - Apt)	
	1 05 06 07 08 09 10 11 12	C A L L E 5 7 # 4	- 2 8 APT	101
**		City	Sta	ate Zip
Profession / Occupation**		BOGOTA		
Hotel		Country		Phone No.
**		COLOMBIA	0	1 0 1 0 7
Arrival IB 886 G JUNIO		Toh	ne Completed by Head of Fa	mily
Airline & Flight No.  **  Date	Time of Arrival	100		**
			ACCOMPANIED BY:	
Departure Date Date	Time of Departure			**
If Family Members are Athletes or part of a Delegation please give de Name Sport	etails:			**
Name				
	**			**
	**			**
00				
Signature				Date

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Ramat-Gan 52105

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Entry Form by Name

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Family Name		First Name	Date of birth Day Month Year F	Sex Food Type *
C H'A L E N	PETER		2 1 0 9 7 2	X 02 - VEGETARIAN
Passport No.	Participation At Previous Maccabiot *	Addres	ss (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 APTO1	0 1
	**	City	State	Zip
Profession / Occupation	**	BOGOTA		
Hotel		Country		Phone No.
**	1	COLOMBIA	010	1 0 7
Arrival IB 886 G Airline & Flight No.	JUNIO 30 Date Time of Arrival	То	be Completed by Head of Family	/
**			ACCOMPANIED BY:	**
DepartureAirline & Flight No.	Date Time of Departure			**
If Family Members are Athletes or part of a Delegation Name	please give details:  Sport  **			**
	**			**
	**			**
Signature				Date

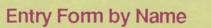
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Ramat-Gan 52105

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Family Name			First Name	Date of birth Day   Month   Year   F	Sex	Food Type *
C H' A L E N	P	ETER		2 1 0 9 7 2	X	02 - VEGETARIAN
Passport No.	Participa Previous Ma	tion At *	Addres	s (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	1 - 2 8 APTO	1 0 1	
	**		City	State		Zip
Profession / Occupation	**		BOGOTA			
Hotel			Country		Phone	No.
**			COLOMBIA	01	0 1 0	7
Arrival IB 886 G Airline & Flight No.	JUNIO 30 Date	18:30 Time of Arrival	То	be Completed by Head of Fam	ily	
**				ACCOMPANIED BY:		**
DepartureAirline & Flight No.	Date	Time of Departure				**
If Family Members are Athletes or part of a Delegation		**				**
Name		- **				**
						**
		**				
T 00						
Signature						Date

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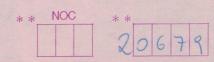
Family Name	罗西西山南市 音响	First Name	Date of birth Day   Month   Year   F	Sex Food Type *
DELA ROSA	SIDNEY		1 20 6 7 2	02 - VEGETARIAN
Passport No.	Participation At Previous Maccabiot *	Add	ress (No Street - Apt)	
A C 3 4 9 8 5 7	01 02 03 04 05 06 07 08 09 10 11 1	2 CALLE87	# 7 A - 2 2 A P T	0 6 0 1
	**	City	State	Zip
Profession / Occupation	**	BOGOTA		
Hotel		Country		Phone No.
**		C O L O M B I A	1 8	6 2 8 4
Arrival IB 886 G Airline & Flight No.	JUNIO 30 Date 18:30 Time of Arrival		To be Completed by Head of Family	у
**			ACCOMPANIED BY:	**
DepartureAirline & Flight No.	Date Time of Departu	re		**
If Family Members are Athletes or part of a Delegation Name	please give details:			**
	**			**
	**	_		**
Cta				
Signature			* P	Date Please Circle The Applicable

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

**Entry Form by Name** 





Family Name		First Name	Date of birth Day Month Year	Sex Food Type * 01 - REGULAR
DELA ROSA	SIDNEY		1 20 6 7 2	y 02 - VEGETARIAN
Passport No.	Participation At Previous Maccabiot *	Addre	ess (No Street - Apt)	
A C 3 4 9 8 5 7	01 02 03 04 05 06 07 08 09 10 11 12	CALLE87#	7 A - 2 2 A P	0601
	**	City	Sta	ite Zip
Profession / Occupation	**	BOGOTA		
Hotel		Country		Phone No.
**		C O L O M B I A	1 8	8 6 2 8 4
Arrival IB 886 G	JUNIO 30 18:30			
Airline & Flight No.	Date Time of Arrival		o be Completed by Head of Fa	mily
			ACCOMPANIED BY:	**
Departure Airline & Flight No.	Date Time of Departure			**
If Family Members are Athletes or part of a Delegation Name	please give details:			**
	**			**
	**			**
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Cianaturo				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** 







Family Name			First Name	Date of birth Day Month Year	F M 01	ood Type *
D E L A R O S A	S	T D N F Y		1 20 6 7 2	v 02	- VEGETARIAN
Passport No.	Participa Previous Ma	ation At	Addr	ress (No Street - Apt)		
A C 3 4 9 8 5 7	01 02 03 04 05 06		CA11F87#	7 A - 2 2 A P	T 0 6 0 1	
	**		City	Ç	State	Zip
Profession / Occupation	**		BOGOTA			
Hotel			Country		Phone No.	
**			C O L O M B I A	1	8 6 2 8 4	
Arrival IB 886 G Airline & Flight No.	JUNIO 30 Date	18:30 Time of Arrival	1	To be Completed by Head of	Family	
**				ACCOMPANIED BY:	**	
DepartureAirline & Flight No.	Date	Time of Departure			**	
If Family Members are Athletes or part of a Delegation Name	please give details: Sport	**			** -	
		**			**	
		**			**	
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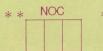
Date
\* Please Circle The Applicable

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







Family Name			First Name	Date of birth Day Month Year	Sex Food Type *
DELAROSA	S	IDNEY		1 20 6 7 2	02 - VEGETARIAN
Passport No.	Participa Previous Ma	ation At accabiot *	Addr	ess (No Street - Apt)	
A C 3 4 9 8 5 7	01 02 03 04 05 06		CAII F 8 7 #	7 A = 2 2 A P T	0601
	**		City	Stat	e Zip
Profession / Occupation	**		BOGOTA		
Hotel			Country		Phone No.
**			C O L O M B I A	1 8	6 2 8 4
Arrival IB 886 G Airline & Flight No.	JUNIO 30 Date	18:30 Time of Arrival	1	o be Completed by Head of Fan	nily
**				ACCOMPANIED BY:	**
DepartureAirline & Flight No.	Date	Time of Departure			**
If Family Members are Athletes or part of a Delegation   Name	olease give details: Sport	**			**
		**			**
		**			**

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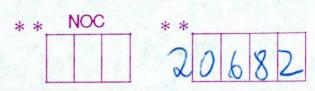
Date



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Family Name		First Name	Date of birth Day Month Year F M	Food Type *
DENISSE	MITRAN	I	1 7 1 2 5 6 X	02 - VEGETARIAN
Passport No.	Participation At Previous Maccabiot *	Add	ress (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 O 1	
	**	City	State	Zip
Profession / Occupation	**	BOGOTA		
Hotel		Country	Phone	e No.
**		C O L O M B I	5 3 1 5 2	7
ArrivalAirline & Flight No.	JUNIO 30  Date Time of Arriv	al	To be Completed by Head of Family	
**			ACCOMPANIED BY:	**
		TANTIMONACO CLA	AUDIO 20686	2-12-85
DepartureAirline & Flight No.	Date Time of Depar	TANTIMONACO STE	FANO 20681	21-1-84
If Family Members are Athletes or part of a Delegation Name	please give details:			**
	FUTBOL **			**
	**			**
(001				
Signature				Date

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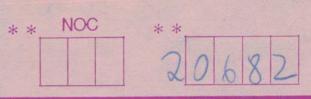
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Family Name		First Name	Date of birth Day Month Year	Sex Food Type *
DENISSE MIT	RANI		1 7 1 2 5 6	X 02 - VEGETARIAN
Participation At Previous Maccabio	t ot *	Addre	ess (No Street - Apt)	
A C 5 9 2 5 4 7 01 02 03 04 05 06 07 08	09 10 11 12	C R A. 19 #8	4 - 3 4 A P T C	101
**		City		State Zip
Profession / Occupation**		BOGOTA		
Hotel		Country		Phone No.
**		C O L O M B I A		3 1 5 2 7
All life of light 10.	me of Arrival	To	be Completed by Head of	Family
**			ACCOMPANIED BY:	**
		TANTIMONACO CLA	UDIO	20680 2-12-85
	e of Departure	TANTIMONACO STE	FANO (	20681 ** 21-1-84
If Family Members are Athletes or part of a Delegation please give details:  **  Name  Sport				
TANTIMONACO MIKELE FUTBOL **				**
**				**
Signature				Date

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Family Name

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

First Name

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Date ay		birt nth	h Ye	ar		F	Se	X N	Λ			Ty EGU		
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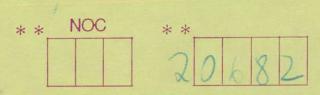
DENISSE	MI	TRANI	1 7 1 2 5	5 6 X 02 - VEGETARIAN
Passport No.  A C 5 9 2 5 4 7	Participation Previous Macco	cabiot *	Address (No Street - April 2014)  C R A 1 9 # 8 4 - 3 4 A F	ot)  T 0. 1 0 1
Profession / Occupation	**		City  B O G O T A	State Zip
Hotel **			Country  C O L O M B I A	Phone No. 5 3 1 5 2 7
Arrival  Airline & Flight No.  **	JUNIO 30 Date	Time of Arrival	To be Completed by  ACCOMPANI  TANTIMONACO CLAUDIO	
Departure  Airline & Flight No.  If Family Members are Athletes or part of a Delegation	Date n please give details: Sport	Time of Departure	TANTIMONACO CLAGBIO	20681 ** 21-1-84
Name TANTIMONACO MIKELE	FUTBOL	**		**
		**		**

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Date



**Entry Form by Name** 





Family Name			First Name	Date of birth Day Month Year	Sex Food Type *
DENISSE	M	ITRANI		1 7 1 2 5 6	X 02 - VEGETARIAN
Passport No.	Particip Previous M	ation At Accabiot *	Addr	ress (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. 19 #8	4 - 3 4 A P T (	101
	**		City		State Zip
Profession / Occupation	**		BOGOTA		
Hotel			Country		Phone No.
**			COLOMBIA		5 3 1 5 2 7
ArrivalAirline & Flight No.	JUNIO 30 Date	Time of Arrival		To be Completed by Head of	f Family
**				ACCOMPANIED BY:	**
			TANTIMONACO CLA	UDIO	20680 2-12-85
DepartureAirline & Flight No.	Date	Time of Departure	TANTIMONACO STE	FANO	20681 ** 21-1-84
If Family Members are Athletes or part of a Delegation Name	n please give details: Sport	**			**
TANTIMONACO MIKELE	FUTBOL	**			**
		***			
		**			**
Cles					Date
Signature					* Disease Circle The Applicable

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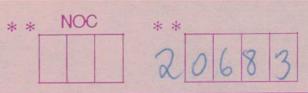
Family Name-		First Name		Sex Food Type *  F M 01 - REGULAR  02 - VEGETARIAN
R A U S H         Passport No.           Passport No.         Previous Macca           01 02 03 04 05 06 07	abiot *		13-01-74 ess (No Street - Apt)	T/D APRO. 302
Profession / Occupation **		C A R R E R A City  B O G O T A	Stat	
Hotel		C O L O M B I	2 3	Phone No. 6 3 9 0 9
Arrival IBERIA 886 G JUNIO 30 Airline & Flight No. **	18;30 Time of Arrival	Т	o be Completed by Head of Far	mily  **
If Earlier Members are Athletes or part of a Delegation please give details:	Time of Departure			**
Name Sport *	**			**
Signature	**			Date

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Family Name			First Name	Date of birth Day Month Year F	Sex Food Type *  O1 - REGULAR  O2 - VEGETARIAN
Passport No.	Participa Previous Ma 01 02 03 04 05 06	accabiot *	Addr	13-01-74 ess (No Street - Apt)	/D APROL 302
Profession / Occupation	**		City  B O G O T A	State	Zip
Hotel			Country	2 3	Phone No. 6 3 9 0 9
Arrival IBERIA 886 G  Airline & Flight No.  **	JUNIO 30 Date	18:30 Time of Arrival	1	o be Completed by Head of Fam	**
DepartureAirline & Flight No.	Date	Time of Departure			**
If Family Members are Athletes or part of a Delegation Name	please give details: Sport	**			**
		**			**
Signature					Date

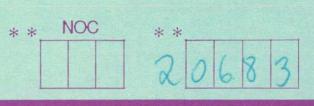
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13th Maccabiah Organizing Committee Kfar Maccabiah Ramat-Gan 52105 Israel Tel: 03-715733 Fax: 03-772059 Telex: 33319 MACAB IL.

Entry Form by Name





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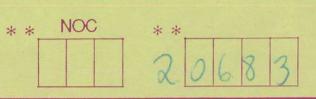
Family Name		First Name	Date of birth Day Month Year F	Food Type *  01 - REGULAR
RAUSH	ALLAN		13-01-74	02 - VEGETARIAN
Passport No.	Participation At Previous Maccabiot *	Addres	s (No Street - Apt)	V
A C 3 8 1 8 4 3	02 03 04 05 06 07 08 09 10 11 12	CARRERA	1 # * # 1 ) & 1/0	APRO. 302
	**	City	State	Zip
Profession / Occupation	- **	ROGOTA		
Hotel		Country	Pho	one No.
**		COLONBIA	2 3 6 3	9 0 9
Arrival IBERIA 886 G  Airline & Flight No.  **	NIO 30 Date 18:30 Time of Arrival	Tol	be Completed by Head of Family	
			ACCOMPANIED BY:	**
Departure	Date Time of Departure			**
If Family Members are Athletes or part of a Delegation please  Name  Sp	e give details:			**
	**			**
	**			**
Ceg				Dato
- Ea				
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





Family Name		First Name	Date of birth Day Month Year	Sex Food Type *
RAUSH	ALLAN		13-01-74	X 02 - VEGETARIAN
Passport No. Prev	Participation At rious Maccabiot *	Addres	ss (No Street - Apt)	V
01 02 03 04	05 06 07 08 09 10 11 12	CARRERA	1 # * # ) 2	T/D APRO. 302
**		City	Sta	ate Zip
Profession / Occupation **		BOGOTA		
Hotel		Country		Phone No.
**		COLOMBIA	2	3 6 3 9 0 9
Arrival IBERIA 886 G JUNIO 30 Airline & Flight No. Date	18:30 Time of Arrival	То	be Completed by Head of Fa	amily
**			ACCOMPANIED BY:	**
Departure Date	Time of Departure			**
If Family Members are Athletes or part of a Delegation please give det	ails:			**
	**			**
	**			**

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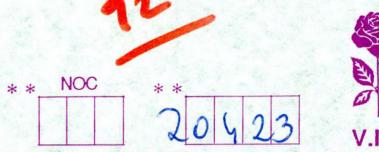


Israel

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Telex: 33319 MACAB IL.





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Family Name		First Name	Date of birth Day   Month   Year	Sex Food Type *
B A K A L A R Z	J U L I U S		2 2 0 2 2 2	X 02 - VEGETARIAN
	Participation At vious Maccabiot *	Addres	ss (No Street - Apt)	
	05 06 07 08 09 10 11 12	C A L L E 1 0 1	# 2 0 = 7 7	
Profession / Occupation**		City BOGOTA		State Zip
HILTON  Hotel		Country		Phone No.
**		COLOMBIA	2	5 6 2 0 0 2
Arrival PA 118 JULIO Airline & Flight No.  ** Date	1º 17:00 Time of Arrival	То	be Completed by Head of	Family
		HELENA BAKALAR	ACCOMPANIED BY: Z WIFE	20421 13-11-28
Departure PA 115 JULIO Airline & Flight No. Date	Time of Departure	STEVEN BAKALARZ	SON	20422
If Family Members are Athletes or part of a Delegation please give de  Name Sport	tails:			**
	**			**
	**			**
Significant				Date

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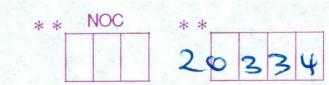


Ramat-Gan 52105

Israel

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Family Name			First Name	Date of birth Day Month Year	Sex Food Type *  O1 REGULAR
BAKALARZ	R	O N A L D		0 9 0 1 5 0	X 02 - VEGETARIAN
Passport No.	Participa Previous M	ation At	Addre	ss (No Street - Apt)	
Z 5 5 6 1 9 5 2 U.S.A.	01 02 03 04 05 06		C A R R E R A 7º	# 8 8 - 9 6	A P T. 9 0 2
	**		City	Sta	te Zip
Profession / Occupation	**	IMC	BOGOTA		
HotelSHERATON		20	Country		Phone No.
**			C O L O M B I A	2	5 7 2 6 2 1
Arrival SK 771  Airline & Flight No.	JUNIO 27	20:50 Time of Arrival	Тс	be Completed by Head of Far	mily
**				ACCOMPANIED BY:	20330
DA 115	JULIO 18	06:05	MINNA BAKALARZ	WIFE	2-8-51 S
Departure PA 115  Airline & Flight No.	Date	Time of Departure	JONATHAN BAKAL	ARZ SON	2°0 3 3 1 9 5-11-75
If Family Members are Athletes or part of a Delegation Name	Sport	**	ALEXANDER BAKA	LARZ SON	** 2 0 3 3 2 5-11-76 9
		**	ANDREA BAKALAR	Z DAUGHTER	2 0 3 3 3 25-3-80 9
		**			**

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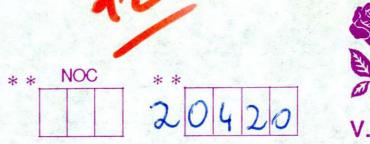
13th Maccabiah Organizing Committee Kfar Maccabiah

Israel

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

Ramat-Gan 52105







Family Name			First Name	Date of birth Day Month Year F	Sex Food Type *
BURSZTYN	ISAA	С		3 0 0 9 4 4	X 02 - VEGETARIAN
Passport No.	Participation At Previous Maccabiot	*	Addres	s (No Street - Apt)	
P E 0 1 3 9 3 3	01 02 03 04 05 06 07 08 09	10 11 12	CARRERA	8 # 8 4 - 2 1 A P	T 0 1 2 0 1
	**		City	State	Zip
rofession / Occupation	**		BOGOTA		
SHERATON			Country		Phone No.
**			C O L O M B I A	2 1	8 0 2 2 8
Arrival IB 886 G 30 P		Ò of Arrival	То	be Completed by Head of Famil	y
**				ACCOMPANIED BY:	**
7146	1 1.4		BURSZTYN FRIDA	WIFE 20	416 29-11-4
Departure SK 772  Airline & Flight No.		0;20 Departure	BURSZTYN ALLAN	SON 20	417 11-7-77
Family Members are Athletes or part of a Delegation Name	Sport **		BURSZTYN JOHANNA	DAUGHTER 20	
The second secon	**		BURSZTYN JACK	son 20	419 5-6-70

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Family Name

13th Maccabiah Organizing Committee Kfar Maccabiah Ramat-Gan 52105

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lo	S	tree	t - /	Apt)									42	*	
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		-	1	E, 10 -	100	Si	ate					Zij	0		7 2
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, -		10.				5			Pho	one	No		With the second		
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I S E N B A N D J A I M E  Passport No.  Passport No.  Passport No.		Address (No Street - A	CONTRACTOR OF THE PARTY OF THE			
P E o o 8 7 4 0 01 02 03  **  Profession / Occupation **	3 04 05 06 07 08 09 10 11 12	City  B A R R A N Q U I L L A	- 1 9 7 A P T 6 B  State Zip			
MELONIT SAVOY  **		Country C O L O M B I A	Phone No. 4 7 5 6 6 2			
Arrival /	N 22 04:35 Time of Arrival	To be Completed by  ACCOMPAN  MARIA CLARA EISENBAND				
Departure	Time of Departure e details:	JEFFREY EISENBAND	## 2 0 3 4 9 24-6-76			
Name Sport	**	DAVID EISENBAND	HIJO 2035 2-11-75			
	**	VICTORIA E.DE POSADA	HIJO 25-7-81 CUÑADA 21-9-50			

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**Entry Form by Name** 

First Name

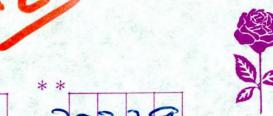
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Ramat-Gan 52105

Tel: 03-715733 Fax: 03-772059





\*\* NOC

Telex: 3331	9 MACAB IL.			V.I.P.
G R O S S M A N	E L I S E	First Name	Date of birth Day Month Year  3   0   1   0   4   9   X	M
Passport No.  A C 3 3 0 0 5 9	Participation At Previous Maccabiot * 01 02 03 04 05 06 07 08 09 10 11		ress (No Street - Apt)	
Profession / OccupationSHERATON	**	City  B O G O T A	State	Zip
Hotel**	JUNIO 20	Country  C O L O M B I	A 2 5 7	Phone No.  0 0 7 5
Arrival IBERIA 40 TO Airline & Flight No.	JUNIO 30  Date Time of Arriva	JOEL GROSSMAN	To be Completed by Head of Family  ACCOMPANIED BY:	**************************************
Departure SK 772  Airline & Flight No.	JUL 14 10; 2  Date Time of Depart	20		**
If Family Members are Athletes or part of a Delegation  Name  MAX. STEVEN GROSSMAN	Sport ** 325 28-9-7	9/1		**
MAURICIO GROSSMAN	GOLF 324 14-4-4	<b>8</b> 14		**

Entry Form by Name

Date

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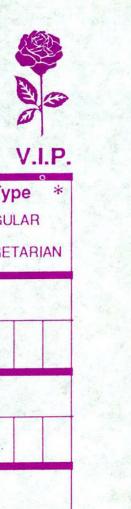
Ramat-Gan 52105

Israel

Tel: 03-715733 Fax: 03-772059

Telex: 33319 MACAB IL.





Family Name		First Name	Date of birth Day Month Year F	Sex Food Type *
G U T T	M A N U E L		1 2 1 1 4 9	X 02 - VEGETARIAN
Passport No.	Participation At Previous Maccabiot *	Addre	ess (No Street - Apt)	
P E 0 0 3 2 9 5	01 02 03 04 05 06 07 08 09 10 11 12	C A L L E 66	# 9 5 – 2 7	
	**	City	State	Zip
Profession / Occupation	**	BOGOTA		
HotelSHERATON		Country		Phone No.
**		C O L O M B I A	2 5	6 6 4 1 8
Arrival IBERIA 30 Airline & Flight No.	JUNIO 30  Date Time of Arrival	Т	o be Completed by Head of Famil	y
**			ACCOMPANIED BY:	*20368
		DIANA GUTT	WIFE	3-6-53
Departure A7 747 Airline & Flight No.	JUL 15 18; 25  Date Time of Departure	NATALIE GUTT	DAUGHTER	*203 <b>78</b> 22-6-72
Family Members are Athletes or part of a Delegation p Name	Sport **	ALEXIS GUTT	DAUGHTER	**20370 11-9-74
	**	ELIAS GUTT	SON	20371
	**			**

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\*\* NOC

Family Name		First Name	Date of birth Sex Day Month Year F	Food Type *
H A I M E	M I G U E L		2 8 0 8 5 0 X	O NEGETADIAN
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	CARRERA 6	9 B # 1 9 - 6 6	
	**	City	State	Zip
rofession / Occupation	**	B O G O T A		
otelSHERATON		Country	Ph	one No.
**		C O L O M B I A	2 9 2 4	7 0 0
TW 8 8 4  Airline & Flight No.  **	JUNE 30 11:15  Date Time of Arrival	To be	Completed by Head of Family	
(2)	7.111 O.A	RAQUEL DE HAIME	ACCOMPANIED BY: WIFE	** 26-3-54
eparture LY 209 Airline & Flight No.	JUL 24 02;30  Date Time of Departure	MARC HAIME	SON	28-1-75
Family Members are Athletes or part of a Delegation Name	Sport **	ALEXANDER HAIME	SON	*20356
	**	YONA HAIME	DAUGHTER	*20357 10-4-78
	**			** 01208

**Entry Form by Name** 

Date

S 0 N

ALAN HAIME

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Family Name			Sex F M	Food Type *		
HARF	В	E N J A M I N		26-1-51	X	02 - VEGETARIAN
Passport No.	Particip Previous M	ation At laccabiot *	Addre	ess (No Street - Apt)		
A C 4 0 6 8 8 7	01 02 03 04 05 06	- 3 - 4 - 5 - 6 - 6 - 6 - 6 - 6 - 6 - 6 - 6 - 6	A. A. 30 53	C A L I		
	**		City		State	Zip
Profession / Occupation	**		CALI			
Hotel			Country		Phon	e No.
**			C O L O M B I A		4 8 1 6 2	3
Arrival IBERIA 30 10 10 10 10 10 10 10 10 10 10 10 10 10	JUNIO 30  Date	Time of Arrival	To	o be Completed by Head	of Family	
**				ACCOMPANIED B	Y:	**
			JUDITH HARF	WIFE		20374
DepartureAirline & Flight No.	Date	Time of Departure	AARON HARF	SON		20375
If Family Members are Athletes or part of a Delegation Name	n please give details: Sport	**	JACOBO	SON		2 0 3 + 6
		**				**
		**				**
		28				

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**Entry Form by Name** 

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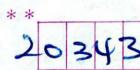


13th Maccabiah Organizing Committee Kfar Maccabiah Ramat-Gan 52105

Tel: 03-715733 Fax: 03-772059









		The state of the s	ex Food Type *
	First Name	Date of birth Day Month Year F	ex Food Type *  M OT REGULAR
N E S S	SIM	8 3 52	X 02 - VEGETARIAN
Participation At Previous Maccabiot	*	Address (No Street - Apt)	
01 02 03 04 05 06 07 08 09	9 10 11 12 CALLE 2	1 # 6 8 A - 2 0	
**	City	State	Zip
**	BOGOTA		
	Country		Phone No.
	C O L O M B	I A 2 6 2	5 3 9 8
30-06-89  Date Time	e of Arrival	To be Completed by Head of Family	AMPS THE
	TAMAR	ACCOMPANIED BY: WIFE	*293339
	of Departure PAUL ETTE	DAUGHTER	20340
Sport	JACKY	SON	2 0 3 4 1 17-7-79
**	JESSICA	DAUGHTER	2 342 21-6-82
	Participation At Previous Maccabiot  101 02 03 04 05 06 07 08 09  **  **  30-06-89  Date Time  a Delegation please give details:  Sport  **  **  Date Time  **  **  **  **  **  **  **  Date Time  **  **  **  **  **  **  **  **  **	Previous Maccabiot	Participation At Previous Maccabiot

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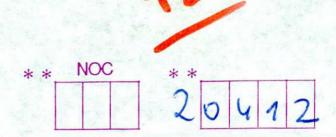
**Entry Form by Name** 



13th Maccabiah Organizing Committee Kfar Maccabiah Ramat-Gan 52105

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







Family Name-	RAFAFI	First Name	Date of birth Day Month Year	Sex F M	Food Type *  01 - REGULAR  02 - VEGETARIAN
Passport No. Parevio	rticipation At sus Maccabiot * 5 06 07 08 09 10 11 12	C A R R E R A	ress (No Street - Apt)  4 ª # 9 1 A - 4 3		
Profession / Occupation**  HotelSHERATON		City  B O G O T A  Country	5	State Phone	Zip
Arrival TB 886  Arrival Airline & Flight No.  JUNIO Date	30 18:30 Time of Arrival	C O L O M B I	To be Completed by Head of	7 5 4 2	
Departure IB 887 JULIO_	19 18:10 Time of Departure	KASSIN MYRIAM	WIFE	20410	**
Airline & Flight No.  If Family Members are Athletes or part of a Delegation please give detai  Name  Sport		KASSIN FARIDA	DOUGHTER	2097	12-3-76
	**				**

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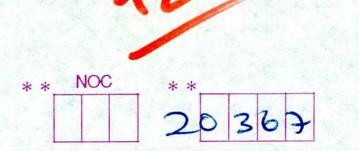
13th Maccabiah Organizing Committee Kfar Maccabiah

Ramat-Gan 52105

Israel

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







Family Name-		First Name	Date of birth Day Month Year F M	Food Type *
KHOUDARI AMRAM	I S A A C		2 6 7 5 5 X	02 - VEGETARIAN
Passport No.	Participation At Previous Maccabiot *	Address	(No Street - Apt)	
P E 0 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	58-42	
	**	City	State	Zip
Profession / Occupation	**	BOGOTA		
Hotel SHERATON		Country	Phone	e No.
**		C O L O M B I A	2 9 0 5 0	6 6
Arrival IBERIA 30	JUNIO 30			
Airline & Flight No.	Date Time of Arrival	Tob	e Completed by Head of Family	
			ACCOMPANIED BY:	*20365
		MORIS KHOUDARI	SON	9-3-78
DepartureAirline & Flight No.	Date Time of Departure	MIRO KHOUDARI	SON	31-10-79
If Family Members are Athletes or part of a Delegation				**
Name	Sport			
	**			**
	**			**

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Ramat-Gan 52105

Israel

Tel: 03-715733 Fax: 03-772059







A   I   N   S   K   I	Family Name	MACABIL.	First Name	Date of birth Day Month Year F	Food Type *
Previous Maccabiot * DE 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 0 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 0 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 0 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 0 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 0 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 0 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 0 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 0 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 0 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 0 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 0 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 0 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 0 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 0 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 0 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 0 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 0 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 0 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 0 00 00 00 00 00 00 00 00 00 00 00 00	M I N S K I	R U B E N			
rofession / Occupation		Previous Maccabiot *			
Time of Arrival  Airline & Flight No.  Airline & Flight No.  Date  Time of Departure  Airline & Flight No.  Date  Time of Departure  Airline & Flight No.  Date  Time of Departure  ELLIOT MINSKI  SON  To be Completed by Head of Family  ACCOMPANIED BY:  FRANCIS MINSKI  WIFE  *2 3 6 2 2-3-76  *2 0 3 6 7 3-76	rofession / Occupation				Zip
Airline & Flight No.  Airline & Flight No.  Date  Time of Arrival  To be Completed by Head of Family  ACCOMPANIED BY:  FRANCIS MINSKI WIFE  Airline & Flight No.  Date  Time of Departure  ELLIOT MINSKI SON  Time of Departure  ELLIOT MINSKI SON	**				Phone No.
Airline & Flight No.  Date  Time of Departure  ELLIOT MINSKI  SON  **  Time of Departure  **  2-3-76  **  2-3-76  **  Time of Departure  **  2-3-76	Airline & Flight No.		Tol		**
Family Members are Athletes or part of a Delegation please give details:  **    ELLIOT MINSKI SON   2-3-76   3-76	Departure	Date Time of Departure	FRANCIS MINSKI	WIFE	4-11-53 *20362
	Family Members are Athletes or part of a Delegation please give	n please give details:	ELLIOT MINSKI	SON	** 2- 3- /6

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**Entry Form by Name** 





Family Name			First Name	Date of birth Day Month Year F	Sex Food Type *
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Profession / Occupation	**		BOGOTA		
HotelSHERATON			Country		Phone No.
**			C O L O M B I A	2 5	7 7 1 5 1
Arrival IB 886 G 3019	JUNIO 30	18:30			
Airline & Flight No.	Date	Time of Arrival		o be Completed by Head of Family	y
7				ACCOMPANIED BY:	**
Departure IB 889	JULIO 16	18:10			**
Airline & Flight No.	Date	Time of Departure			
If Family Members are Athletes or part of a Delegation Name	on please give details:  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.



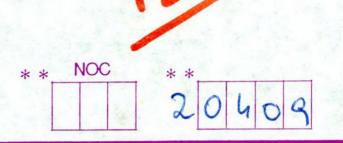
13th Maccabiah Organizing Committee Kfar Maccabiah Ramat-Gan 52105

Israel

Tel: 03-715733 Fax: 03-772059

Telex: 33319 MACAB IL.







Family Name			First Name	Date of birth Day   Month   Year	Sex Food Type *
S H U S T E R – B E L M A N	S	A M U E L		0 2 1 8 5 6	X 02 - VEGETARIAN
Passport No.	Participa Previous M	ation At laccabiot *	Addr	ess (No Street - Apt)	
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	**		City		State Zip
Profession / Occupation	**		C A R T A G E N	A	
HotelSHERATON			Country		Phone No.
**			C O L O M B I A		6 5 3 9 7 0
Arrival LY 396	JUNIO 27	11:30			
Airline & Flight No.	Date	Time of Arrival	T	o be Completed by Head	of Family
				ACCOMPANIED BY	
Departure A0 302	JULIO 16	09:35	FANNY GROSSMA	N WIFE	20407 ** 15-04-54
Airline & Flight No.	Date	Time of Departure	VALERIA SHUST	TER DOUGHT	TER 20408 19-08-85
If Family Members are Athletes or part of a Delegation Name	Sport	**			**
		**			**
42		**			**

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

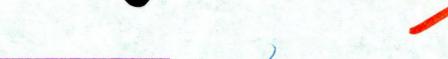
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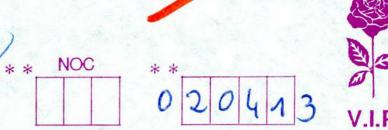
\* Please Circle The Applicable \*\* For Office Use Only



Israel

Tel: 03-715733 Fax: 03-772059





Telex: 53319	MACAB IL.				
Family Name			First Name	Date of birth Day Month Year F	Sex Food Type *
S I L B E R B L U M	S	A M UEL		20-10+10	X 02 - VEGETARIAN
Passport No.	Participa Previous Ma		Addre	ess (No Street - Apt)	
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	**		City	State	Zip
Profession / Occupation	**		B A R R A N Q U	I L L A	
Hotel SHERATON			Country		Phone No.
**			C O L O M B I A	3 4	3 1 4 2
Arrival IBERIA 304 Airline & Flight No.	JUNIO 30	Time of Arrival	To	b be Completed by Head of Fami	ily
**				ACCOMPANIED BY:	**
DepartureAirline & Flight No.	Date	Time of Departure			**
If Family Members are Athletes or part of a Delegation Name	please give details: Sport	**			**
		**			**
		**			**
		7 / 3 / 3			

**Entry Form by Name** 

Signature

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Date \* Please Circle The Applicable

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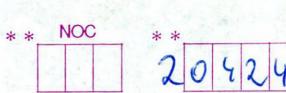
Israel

Tel: 03-715733 Fax: 03-772059

Telex: 33319 MACAB IL.

Ramat-Gan 52105







Food Type Date of birth Sex First Name **Family Name** 01) REGULAR Day , Month , Year 02 - VEGETARIAN EU RA NSL RED **Participation At** Address (No. - Street - Apt) Passport No. **Previous Maccabiot** 02 03 04 05 06 07 08 09 10 11 12 5 8 5 City Zip State **Profession / Occupation** CA SHERATON Phone No. Country Hotel 0 M BIA CO JULIO 30 **IBERIA** Arrival To be Completed by Head of Family Date Time of Arrival Airline & Flight No. **ACCOMPANIED BY: Departure** Time of Departure Airline & Flight No. Date If Family Members are Athletes or part of a Delegation please give details: Sport Name \*\*

**Entry Form by Name** 

Signature

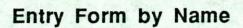
This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989

Please attach an identity photo to this entry form.

Date
\* Please Circle The Applicable

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ENGLAND FRANCE CERMANN HOLLAND



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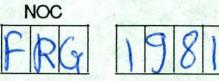
13th Maccabiah Organizing Committee Kfar Maccabiah Ramat-Gan 52105

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Israel

Tel: 03-715733 Fax: 03-772059



				19 MACAB IL.	139				FIRM	1111011	
7	Family Name				First I	Name	Date of birth Day Month Year	Sex Women, Men	Height cm	Weight kg	Food Type * 01 - REGULAR
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02	ASSISTANT CHEF DE MISSION		BB	BASKETBALL	SH	SHOOTING					
03	TEAM OFFICIAL	X	CP	CLAY PIGEON	SF	SOFTBALL			DEBCONAL	AOUIEVEN	IENTO
04	COACH		CR	CRICKET	SQ	SQUASH			PERSONAL	ACHIEVEN	IENIS
05	ASSISTANT COACH	4.1.2	FE	FENCING	SW	SWIMMING					
06	DOCTOR		FH	FIELD HOCKEY	TA	TABLE TENNIS			#P ALL TO SERVICE		
07	MASSEHR		FB	FOOTBALL	TE	TENNIS					
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signed)			
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(countersigned)

CHESS

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Captain of the Team

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

Please attach an identity photo to this entry form.

Chairman of the Team

Date 25.05.89

	52105 5733 Fax: 03-772059 19 MACAB [L.	- En	iry Form by Name	* * NOC	2066 70	1140	
Family Name	SERGE		First Name	Date of birth Day, Month Year	Sex Food Type & o1 - REGULAF o2 - VEGETAFAN		
Passport No.	Participal Previous Ma 01 02 03 04 05 06 0	ccabiot *	Addr BECCIECE	ress (No Street - Apt)			
Occupation	=*	95.	City AMTWERP		State Zip		
**			BELCIUM	2	Phone No. 3 0 3 5 20 ,		
Airline & Flight No.	Date	Time of Arrival		To be Completed by Head of ACCOMPANIED BY:	Family **		
Airline & Flight No. mbers are Athletes or part of a Delegation	Date on please gwe details: Sport	Time of Departure			**		
		**			**		
Signature					Date  * Please Circle The Applicate		
		ech the 13th Maccabal identity photo to th	h Headquarters no later than lis entry form.	May 31, 1989	** For Office Use Only		

Family Name			First Name	Date of birth Day, Month Year F	Sex Food Type *	
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Airline & Flight No.	Date	Time of Departure	•		**	
mbers are Athletes or part of a Delegation Name	please gwe details: Sport	**			**	
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/	This formation	- Lab - 40th 11		* p	Please Circle The Applicate	
		identity photo to thi	Headquarters no later than May	31,1989 ** F	or Office Use Only	
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Ramat-Gan 52105



Ramat-Gan 52105

Israel

Tel: 03-715733 Fax: 03-772059

Telex: 33319 MACAB IL.

**Entry Form by Name** 

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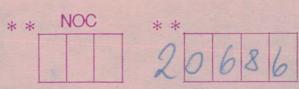


Family Name			First Name	Date of birth Day Month Year	Sex Food Type *
Nelle		Engelbet	t	090633	02 - VEGETARIAN
Passport No.	Part Previou	ticipation At  us Maccabiot *	Addres	ss (No Street - Apt)	
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Member at the German	**		City	S	tate Zip
Profession/Occupation Parliament	**		Hildeshei	Tm	3200
HotelDAN			Country		Phone No.
**			W-German	4	
	Date Date	9 15.15 h Time of Arrival	То	be Completed by Head of F	-amily
**				ACCOMPANIED BY:	**
Departure Lufthansa LH 687 Airline & Flight No.	07. July 8° Date	7 16.306 Time of Departure			**
If Family Members are Athletes or part of a Delegation pl	ease give details	s: **			**
Name	Sport		(6)		
		**			**
		**			**
					15 June 1989
Signature					* Please Circle The Applicable

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



Entry Form by Name



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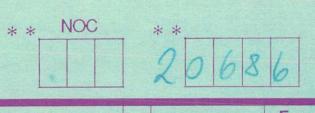
Te Te	el: 03-715733 Fax: 03-772059 elex: 33319 MACAB IL.		20686 V.I.P.
Family Name  Nelle	Engel	Day	of birth Month Year  O 6 3 3  Sex Food Type * 01 - REGULAR 02 - VEGETARIAN
Passport No.	Participation At Previous Maccabiot *	Address (No St	reet - Apt)
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Profession/Occupation Parliament	ferman **	City Hildeshetm	State Zip
HotelDAN		Country	Phone No.
**		W-Germany	
Arrival Lythansa L + 686  Airline & Flight No.  **	03. July 89 15. AS Time of A		eted by Head of Family
			MPANIED BY: **
Departure Lufthansa LH 687 Airline & Flight No.	07. July 89 16.3  Time of De	oarture —	**
If Family Members are Athletes or part of a Name			**
	**		**
	**		**
			13 June 1989 Date
Signature			* Please Circle The Applicable

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

Entry Form by Name





Family Name	MACAD IL.	First Name	Date of birth Day Month Year F	
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Passport No.	Participation At Previous Maccabiot *	Addre	ess (No Street - Apt)	
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Profession / Occupation Parliament	**	City Hildeshe	State	Zip 3 2 0 0
Hotel**		Country W-Gc-man	Y	Phone No.
Arrival Lythansa 141 686  Airline & Flight No.  **	Date Time of Arrival	Т	be Completed by Head of Family  ACCOMPANIED BY:	**
Departure Lufthansa LH 687 Airline & Flight No.	Date 16.306 Time of Departure			**
If Family Members are Athletes or part of a Delegation Name	please give details:  Sport			**
	**			**
Signature			* Pleas	Date se Circle The Applicable



Ramat-Gan 52105

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

Entry Form by Name

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Family Name			First Name	Date of birth Day Month Year	Sex Food Type *
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Profession/Occupation German Partiame	**		Bonn 1		5300
HotelDAN			Country		Phone No.
**			W-German	7	
Arrival Luffhansa L+1 686 Airline & Flight No.	03. July 89	15.15h Time of Arrival	т	o be Completed by Head of F	amily
**				ACCOMPANIED BY:	**
Departure Lufthansa, LH 687 Airline & Flight No.	14. July 89	16.36 h Time of Departure			**
If Family Members are Athletes or part of a Delegation Name	n please give details: Sport	**			**
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Signature					19 June 1989 Date
Viginal d	This form must read	h the 13th Maccabia	ah Headquarters no later man	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	* Please Circle The Applicable  ** For Office Use Only



Family Name

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** 

First Name

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Member of the	**		City	State	Zip
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Arrival Lufthausa L+1 686 Airline & Flight No.	03. July 89	15.15h Time of Arrival	To be Completed by	ov Head of Family	
**			ACCOMPA		**
Departure Lufthausa, LH 687 Airline & Flight No.	14. July 89 Date	16.36 h Time of Departure			**
If Family Members are Athletes or part of a Delegation Name	please give details: Sport	**			**
		- **			**
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19 June 1989
Date \* Please Circle The Applicable \*\* For Office Use Only

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



Family Name

Passport No.

Profession / Occupation German

Arrival Lythausa L+1 686
Airline & Flight No.

Departure Lufthausa, L+1687

Name

Airline & Flight No.

Signature

Hotel

13th Maccabiah Organizing Committee Kfar Maccabiah Ramat-Gan 52105

**Participation At** 

01 02 03 04 05 06 07 08 09 10 11 12

**Previous Maccabiot** 

Member of the

Tel: 03-715733 Fax: 03-772059

Telex: 33319 MACAB IL.

Portiament

**Entry Form by Name** 

First Name

City

Country

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15.15 h Time of Arrival To be 16.30h Time of Departure If Family Members are Athletes or part of a Delegation please give details: \*\* Sport \*\* \*\* 19 June 1989 Date \* Please Circle The Applicable This form must reach the 13th Maccabiah Headquarters no later than May 31, 1989 \*\* For Office Use Only Please attach an identity photo to this entry form.

Address

Photo von Herrn Hous Housen Praisident des Deut-Schen Sportbundes

bei allen Reisen OK REISEBÜRO KONSTANZER GmbH

## REISEBÜR**O K**ONSTANZER GmbH

Konstanzer Straße 57, 1000 Berlin 31, 88 20 81 Roennebergstraße 8, 1000 Berlin 41, 85 21 0 82 Bergstraße 2, 1000 Berlin 41, 791 001

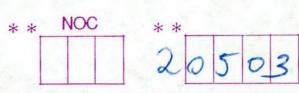


Ramat-Gan 52105

Israel

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







Family Name		First Name	Date of birth Day   Month   Year	Sex Food Type  F M 01 - REGULAR
Braver	2 n s - Joc	hen	260845	02 - VEGETARIAN
Passport No.  Passport No.  Participal Previous Ma  1434002679  01 02 03 04 05 06 0	ccabiot *	Addre 15 Bahnh	ess (No Street - Apt)	
Profession/Occupation Parliament **		City Koenigs1	utter	State Zip 3 3 0 8
Hotel**		Country W-German	y	Phone No.
Arrival Lufthansa, LH 686  Airline & Flight No.  **  Date	15,15 h Time of Arrival	Т	o be Completed by Head of I	Family **
Departure Lufthansa, LH 687 416 14. July 89 Airline & Flight No. Date	16,30% Time of Departure			**
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.



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

**Entry Form by Name** 

* 1	NOC	**				
		2	D	4	9	7



Tel: 03-715733 Telex: 33319 MAG			20497 V.I.P.
Family Name  FOIZ-SHETNACKET	Sigrid	First Name  Date of birth Day Month Year  100141	Sex Food Type *  O1 - REGULAR  O2 - VEGETARIAN
Passport No. 0	Participation At Previous Maccabiot *  1 02 03 04 05 06 07 08 09 10 11 12	Address (No Street - Apt)	
Profession/Occupation Parliament	**	City Brake	State Zip 2880
Hotel		Country W-Germany	Phone No.
Arrival Lufthausa, Ltt 686  Airline & Flight No.  **	Date Time of Arrival	To be Completed by Head of ACCOMPANIED BY	
Airline & Flight No.	14. July 89 16.30 h Time of Departure		**
If Family Members are Athletes or part of a Delegation pleasure Name	Sport **		**
Signature	**		Date sase Circle The Applicable
	This form must reach the 13th Maccabia	h Headquarters	r Office Use Only



Ramat-Gan 52105 Israel

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



* *	NOC	)	*	*			D Je
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Family Name		First Name Date of birth Day Month Year	Sex Food Type *
Lohmann	KI aus	170336	02 - VEGETARIAN
Passport No.	Participation At Previous Maccabiot *	Address (No Street - Apt)	
	01 02 03 04 05 06 07 08 09 10 11 12	Fasanenweg 21	
Member of the Germa	**	City	e Zip
Profession / Occupation Parliament	**	Witten	5810
Hotel DAN		Country	Phone No.
**		W-Germany	
Arrival Lufthansa, LH 686 Airline & Flight No.	03. July 89 15,15 h  Date Time of Arrival	To be Completed by Head of Fam	nily
		ACCOMPANIED BY:	**
Departure Lufthansa Ltl 687 Airline & Flight No.	14. July 89 16.30h Time of Departure		**
If Family Members are Athletes or part of a Delegation p Name	lease give details:		**
	**		**
	**		**
Signature		*	Date Please Circle The Applicable
	This form must reach the 13th Maccabia		For Office Use Only



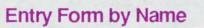
Family Name

13th Maccabiah Organizing Committee Kfar Maccabiah Ramat-Gan 52105

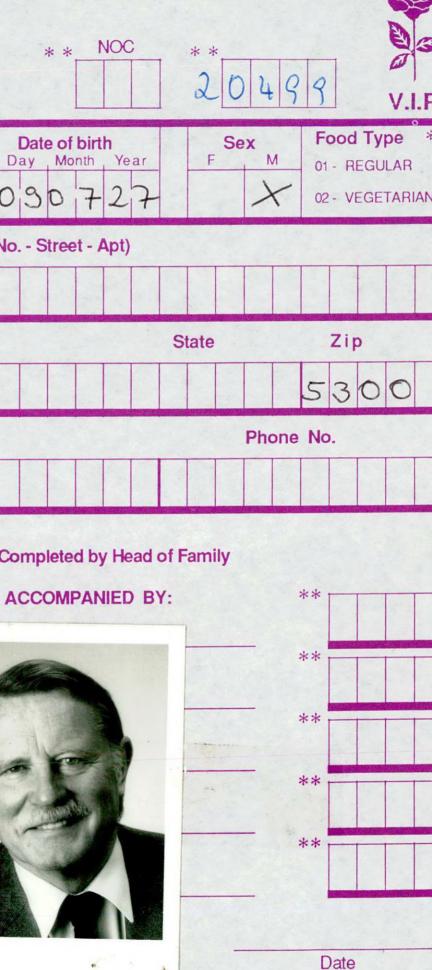
Israel

Tel: 03-715733 Fax: 03-772059

Telex: 33319 MACAB IL.



First Name



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Passport No.  Passport No.  Participation At Previous Maccabiot	*		Address (No Stree	t - Apt)			
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Profession / Occupation Parliament **		City Onn 1		Sta	ate	Zip	
Hotel**		Country			Phone	No.	
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Arrival Lufthausa, L+1 686  Airline & Flight No.  **  Date  15	of Arrival		To be Completed	d by Head of Fa	mily		
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If Family Members are Athletes or part of a Delegation please give details:  Name  Sport  **						**	
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Signature  This form must reach the *3	3 lea	adquarters no later	than May 31, 1989	1	* Please Circ * For Office	cle The Ap	plicable
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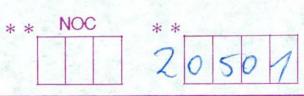


Ramat-Gan 52105

Israel

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







Family Name			First Name	Date of birth Day Month Year	Sex Food Type *  On a REGULAR
Lambinus	Uw	e		210741	2- VEGETARIAN
Passport No.	Participatio Previous Macc		A	ddress (No Street - Apt)	
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Hember of the Ger	**		City	. Sta	ate Zip
Profession/Occupation Parliament	**		Bonn 1		5300
HotelDAN			Country		Phone No.
**			W-Germa	ny	
Arrival Lufthansa, Ltl 686  Airline & Flight No.  **	03. July 89	15,15h Time of Arrival		To be Completed by Head of Fa	amily
				ACCOMPANIED BY:	**
Departure Lufthausa LH 687 1416 Airline & Flight No.	14. July 89 Date	Time of Departure			**
If Family Members are Athletes or part of a Delegation Name	please give details: Sport	**			**
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Signature		habe 40th Massachia	h Headquarters no later th	The state of the s	* Please Circle The Applicable  ** For Office Use Only



Ramat-Gan 52105

Israel

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

Entry Form by Name



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Family Name		First Name	Date of birth Day   Month   Year	Sex Food Type *
Gieseler	Karlhein	2	300725	2 vegetarian
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General Socretary of the	**	City		State Zip
Profession/Occupation General Secretary of the General Sport Associat	hon **	Neu Isen	burg	6078
Hotel DAU		Country		Phone No.
**		W-German	y	
Arrival Lufthansa, Ltd 686 03	3. July 89 15.15 h. Date Time of Arrival	To	be Completed by Head of	Family
** TOZH			ACCOMPANIED BY:	**
Departure Lufthansa LH 687 Airline & Flight No.	7. July 89 16.30 h Date Time of Departure			**
If Family Members are Athletes or part of a Delegation please Name Sp	e give details:			**
	**			**
	**			**
				Date
Signature				* Place Circle The Applicable

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**Entry Form by Name** 

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Family Name		First Name	Date of birth Day Month Year	Sex Food Type *  F M 01 - REGULAR
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Name Sport				
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Signature				Date * Please Circle The Applicable

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Family Name		First Name	Date of birth Day Month Year F	Sex Food Type *
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7074			ACCOMPANIED BY:	**
Departure Lufthansa, LH 687 1900 07. Ju Date Airline & Flight No.	Time of Departure			**
If Family Members are Athletes or part of a Delegation please give Name Sport	details:			**
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Gignature				Date
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Tel: 03-715733 Telex: 33319 MA	Fax: 03-772059 ACAB IL.	20	1510 V.I.I
DienstL	Erika	First Name  Date of birth Day Month Year  O 10230  See F	Food Type on the second
Passport No.  H 1933363	Participation At	Address (No Street - Apt)  23 Ander Waldmeis + er	huette
Profession/Occupation German Sport Ass  Hotel	**	City         State           State         State    Country	Zip 5 1 3 0 Phone No.
Arrival Lufthausa, Ltt 686  Airline & Flight No.  **	30. June 89 15.15h  Time of Arrival	W-Germany  To be Completed by Head of Family  ACCOMPANIED BY:	**
Airline & Flight No.  If Family Members are Athletes or part of a Delegation plant Name	Date Time of Departure  ease give details:  Sport  **		**
	**		**
Signature	This form must reach the 13th Maccabia		Date ase Circle The Applicable Office Use Only

Please attach an identity photo to this entry form.

**Entry Form by Name** 





13th Maccabiah Organizing Committee Kfar Maccabiah

Ramai-Gan 52105

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Entry	Form	by	Name
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13th Maccabiah Organizing Committee

Kfar Maccabiah Ramat-Gan 52105

Israel

Tel: 03-715733 Fax: 03-772059







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				City	Su	ate Zip.
Profession / Occupation REAL -	ESVAT	**	IMC	LES LILA		33260
Hotel CARLTON TE	2 Avil		20	COMMIN	First Scientific And Tax Company of the Company of	Phone No.
				FRANCE		
Arrival ELAY 3/2 Airline & Flight No.		29.6.83 Date	23 10 Time of Arrival	Parael	o be Completed by Head of Fa	imaky.
	Tour				ACCOMPANIED BY:	
Departure 44 A 323 Airline & Flight No.	4145	14.7.29 Date	Time of Departure	THE SECOND PROPERTY OF THE PROPERTY OF THE SECOND PROPERTY OF THE SE		**
If Family Members are Athletes or pa	t of a Delegation	please give details: Sport	**		SALADOS - SARONOS ARCADOS ANTICOS DE SALO REMANDA CONTROLO TORRA ARCADO	**
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Signature

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Family Name

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Passport No.

13th Maccabiah Orjani minited Kfar Maccabiah Ramat Can 52105

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Entry Form by Name

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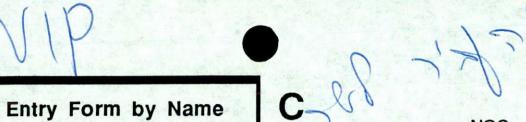
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(signed) Captain of the Team

Chairman of the Team

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13th Maccabiah Organizing Committee Kfar Maccabiah Ramat-Gan 52105

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Family Name			First Name	Date of birth Day Month Year	Sex F M	Food Ty	3
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Hotel DAN T.A.			Country		Phone	No.	4 5
**			FRG				
Arrival  Airline & Flight No.  **	Date	Time of Arrival		To be Completed by Head of ACCOMPANIED BY		**	
DepartureAirline & Flight No.	Date	Time of Departure				**	
If Family Members are Athletes or part of a Delegation Name		**				**	
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Date

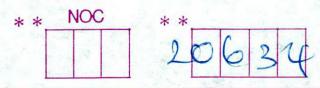


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Family Name			First Name	Date of birth Day Month Y		Sex		Type * EGULAR
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If Family Members are Athletes or part of a Delegation Name		**			F	7	**	
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Signature						4 -	Date	

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13th Maccabiah Organizing Kfar Maccabiah Ramat-Gan 52105 Israel Tel: 03-715733 Fax: 03-7 Telex: 33319 MACAB IL.		y Form by Name	** NOC ** 20578  V.I.P.
Family Name Weinert	Dolly		Sex Food Type * 01 - REGULAR 02 - VEGETARIAN
	Participation At Previous Maccabiot *  04 05 06 07 08 09 10 11 12	Address (No	Street - Apt)  111parzer Ring
Profession / Occupation **  Hotel **		City  Koeln 71  Country  W-Germany	State Zip  5000  Phone No.
Arrival Airline & Flight No. Da	te Time of Arrival		COMPANIED BY: **
Departure  Airline & Flight No.  Da  If Family Members are Athletes or part of a Delegation please give  Name  Sport		nr. Weinett,	Jossi ** 1980
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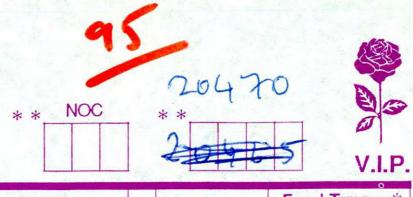
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Family Name		First Name	Date of birth Day Month Year F	Sex Food Type *
ABRAHADS	NICOLA		070373	02 - VEGETARIAN
Passport No. p	Participation At Previous Maccabiot *	Addr	ress (No Street - Apt)	
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Hotel _ SHARON		Country		Phone No.
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Arrival Ly318 7296 29.6. Airline & Flight No. Date			To be Completed by Head of Fami	ily
**			ACCOMPANIED BY:	**
Parastura 1 × 315 7142 14-	00	ROSALIND	Braymos	20472
Departure	e Time of Departure			** 0471
If Family Members are Athletes or part of a Delegation please give	details:	DONNA	ABRA HAMI	**
Name Sport	1203			
MICHAEL ABRAHAMS PISTOL SHO	**			**
	**			**
				14.5.89
Signature			d.	Date
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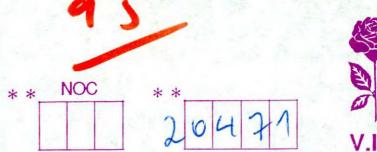
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V.I.P. Food Type \*

Family Name		First Name	Date of birth Day , Month , Year	Sex Food Type *
ABRAHANS	00 11 11 10 10		260175	02 - VEGETARIAN
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Profession / Occupation STHOOLS 1 72L	**	City ELSTREE	HERTS	ate Zip
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** 7296		ENGLAND	0	12075678
Arrival LY3 \8 721  Airline & Flight No.  **	Date   6 25 30 6/89		be Completed by Head of Fa	amily
Demosture 1 7315 7147	12 noon	MOSAUN	D ABRAHAR	
Departure  Airline & Flight No.  If Family Members are Athletes or part of a Delegation please	Date Time of Departure	MICOLA	ABRAHAMS	** >0470
Name MICHAEL ABRAHHAMS PISTOLS	ort   1223			**
	**			**

Signature

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13th Maccabiah Organizing Committee Kfar Maccabiah

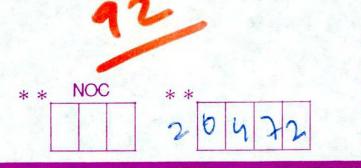
Ramat-Gan 52105

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Tel: 03-715733 Fax: 03-772059

Telex: 33319 MACAB IL.







Food Type \* Sex Date of birth First Name Family Name Day Month OT REGULAR V Year 02 - VEGETARIAN **Participation At** Address (No. - Street - Apt) Passport No. **Previous Maccabiot** 01 02 03 04 05 06 07 08 09 10 11 12 Zip State City Profession / Occupation HOUSEWIFE HERTS SHARON Phone No. Country 20 756 0 7296 N LM 318 29.6.89 Arrival Airline & Flight No. To be Completed by Head of Family ACCOMPANIED BY: 20AHAMS NICOLA 12 noon Airline & Flight No. Departure Time of Departure DONNA ABRAHAMS If Family Members are Athletes or part of a Delegation please give details: PISTOL SHOOTING MICHAGL ABRA HAMS

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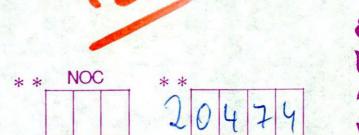


13th Maccabiah Organizing Committee Kfar Maccabiah Ramat-Gan 52105

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Date

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Family Name			First Name	Date of birth Day Month Year	Sex Food Type *
BALCOMBE	M	ARGARET		010235	02 - VEGETARIAN
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	**		City	S	State Zip
Profession / Occupation HOUSE WIFE	**		LONDONN	W11 67X	
Hotel DAN ACCADIA HERZLIN	P		Country		Phone No.
702			ENCAAND	Ĉ	014553959
Arrival 1316	2/7/89	7 3 ·25 Time of Arrival	To	be Completed by Head of I	Family
Airline & Flight No. **	Date	Tillie of Arrival		ACCOMPANIED BY:	**
Thus	11.1-12.			Accom Antes 51.	
Departure Airline & Flight No.	14/7/89 Date	Time of Departure			**
If Family Members are Athletes or part of a Delegation Name	tion please give details: Sport	**			**
		**			**
PAULP BALCOMBE	RUGBY.	1322			**
		**			

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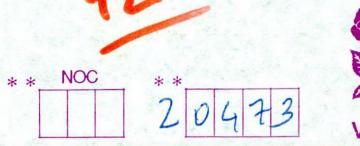
13th Maccabiah Organizing Committee Kfar Maccabiah Ramat-Gan 52105

Israel

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Telex: 33319 MACAB IL.







Family Name			First Name	Date of birth Day Month Year	Sex Food Type *  REGULAR
BALCOMBE	V	ICTORIA			02 - VEGETARIAN
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Profession / Occupation	**		City LONDON 1	Stat	e Zip
Hotel DAN ACCADIA HERZ  **			Country ENGLAND	01	Phone No. 3 5 4 5 2 7 8
Arrival  Airline & Flight No.  **	2/7/89 Date	23.25. Time of Arrival		To be Completed by Head of Fan	nily
DepartureAirline & Flight No.	14/7/89 Date	Time of Departure		ACCOMITABLE D1.	**
If Family Members are Athletes or part of a Deleg	gation please give details: Sport	**			**
DAVL.P. BALCOMBE	RUGBY	** 1322			**

Date

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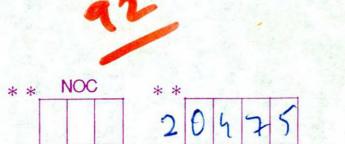
Ramat-Gan 52105

Israel

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Telex: 33319 MACAB IL.







Family Name		First Name	Date of birth Day Month Year F	Food Type *  M REGULAR
BALCOMBE	PHILIP		100932	02 - VEGETARIAN
Passport No.	Participation At Previous Maccabiot *  01 02 03 04 05 06 07 08 09 10 11		ress (No Street - Apt)	
Profession / Occupation DEVELOPMENT TRUST	**	City  LONDON	State  V W II 6 T X	Zip
Hotel DAN ACCADIA HERZLIA  **  7	022	Country ENGLAND		Phone No. 5 5 3 9 <b>3</b> 9
Arrival Airline & Flight No.  **	2 /7/89. 2-3-2-5 Date Time of Arriv	val	To be Completed by Head of Family  ACCOMPANIED BY:	** 2 2 2 4
Departure 2 3 5 HH2  Airline & Flight No.  If Family Members are Athletes or part of a Delegation	Date Time of Department please give details:	<u></u>	BALCOMBE.	** 20273
Name	Sport ** 132	2		**

Signature

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Date



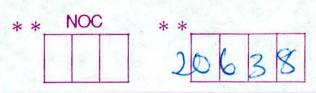
13th Maccabiah Organizing Committee Kfar Maccabiah Ramat-Gan 52105

Israel

Tel: 03-715733 Fax: 03-772059

Telex: 33319 MACAB IL.







Family Name			First Name	Date of birth Day Month Year	Sex Food Type *  On - REGULAR
GOLD	S	IR ARTH	HUR		02 - VEGETARIAN
Passport No.	Participa Previous M		A	ddress (No Street - Apt)	
	01 02 03 04 05 06	07 08 09 10 11 12			
Profession / Occupation	** 93		City	Sta	te Zip
Hotel DAN T.A.			Country		Phone No.
Arrival EL AL 316  Airline & Flight No.  **  Departure EL AL 0 15	30   6 Date	00 25 Time of Arrival	GBR	To be Completed by Head of Far ACCOMPANIED BY:	mily  **  **
Airline & Flight No.	Date	Time of Departure			
If Family Members are Athletes or part of a Delegation Name	on please give details: Sport	**			**
		**			**
		**			**

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Please attach an identity photo to this entry form.

Date



13th Maccabiah Organizing Committee Kfar Maccabiah

Ramat-Gan 52105

Israel

Tel: 03-715733 Fax: 03-772059

Telex: 33319 MACAB IL.



*_	NOC	* *				
		2	0	4	8	0



Family Name		First Name	Date of birth Day Month Year F	Food Type *
ISRAEL JE	NNIFER		030346 F	02 - VEGETARIAN
Passport No. Previous Macc		Address	s (No Street - Apt)	
M 3 8 6 3 7 3 01 02 03 04 05 06 07		47 LYONSE	DOWN AUENU	6
Profession / Occupation Societies **		City NEWBARNE	State FT HERTFOR	Zip DSHIRE EN SIDX
Hotel THE SHARON, HERZUA -ON-85A		Country		Phone No.
7296		C. B.	014	404505
Arrival ELAL LY 318 29.6.89  Airline & Flight No. Date	Time of Arrival	Tol	pe Completed by Head of Family	
			ACCOMPANIED BY:	**
Departure ELAL LY 315 THY 14.7.89  Airline & Flight No. Date	12.00 Noon	VICTOR ISRAE		**
If Family Members are Athletes or part of a Delegation please give details:	**			**
Name Sport V. ISRAGL TENNIS	1405			
	**			**
	**			**
1 Rec 0 0				13.5.89

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Date



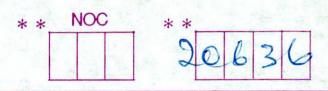
13th Maccabiah Organizing Committee Kfar Maccabiah Ramat-Gan 52105

Israel

Tel: 03-715733 Fax: 03-772059

Telex: 33319 MACAB IL.







Family Name			First Name	Date of birth Day Month Year	Sex Food Type *
PALMER	C	HARLES			2 02 - VEGETARIAN
Passport No.	Participa Previous M		Addr	ess (No Street - Apt)	
	01 02 03 04 05 06	44			
	** 03		City	S	State Zip
Profession / Occupation	**				
Hotel DAN T.A.			Country		Phone No.
**			CBR		
Arrival EC AL 316	2/7	23 25			
Airline & Flight No.	Date	Time of Arrival	I	o be Completed by Head of I	
			400000	ACCOMPANIED BY:	**
Departure ELAL 315 Airline & Flight No.	14/7 Date	13 20 Time of Departure	JOHANA	GREEN BER	**
If Family Members are Athletes or part of a Delegation					**
Name	Sport	**			***
		**			**
				The state of the s	
		**			**

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Date



Israel

Tel: 03-715733 Fax: 03-772059

Telex: 33319 MACAB IL.







Family Name			First Name	Date of birth  Day Month Year	F M 01 - REGULAR
RAYHAN		ERYL			2- VEGETARIAN
Passport No.	Particip Previous I	nation At  Maccabiot *		Address (No Street - Apt)	
		07 08 09 10 11 12			
	**	T. CA	City		State Zip
Profession / Occupation	**	IMC S&			
Hotel		SPOUSE	Country		Phone No.
**	1		ENGLAN		
Arrival LY 016 728 Airline & Flight No.	28-6- Date	Time of Arrival		To be Completed by Head	of Family
**				ACCOMPANIED BY	Y: **
Departure SELAL & LY 315 TI	49_18.7. Date	12:00 Time of Departure	- T		**
If Family Members are Athletes or part of a Delegation		**			**
		**			**
		**			**
		7.7			
Signature					Date

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Ramat-Gan 52105

Israel

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**Entry Form by Name** 

* *.	NOC	* *	-
		2046	3



Family Name			First Name	Date of birth Day Month Year	Sex Food Type *
RAYMAH	ER	1 C		16822	02 - VEGETARIAN
Passport No.	Participatio Previous Maco		Addre	ess (No Street - Apt)	
797331 F	02 03 04 05 66 07	66666	8 YINDEH	LEA	
Profession / Occupation COMPANY DISECTOR	**	IMC	City		ate Zip
Troicssion Coodpation	**		LOHOOH	H 2	028
Hotel HIX TON HOTEL		20	Country		Phone No.
**	A221		ENSLAMO		14583055
Arrival 28 SUHE 1989  Airline & Flight No.	Date	Time of Arrival	Т	o be Completed by Head of F	amily
**				ACCOMPANIED BY:	**
Departure EM AL AT315 7147  Airline & Flight No.	/8' 541Y Date	12 00 Time of Departure	0 0001	BAYDAH	**
If Family Members are Athletes or part of a Delegation plea	ase give details:	**	BEOTH	3111/14	**
LOUL RAYMAN TOERS WED		**			**
BOOTH BROCKINGE	CHAIDDAH				
		**			**
E Ologen	A		33		
Signature					Date lease Circle The Applicable
	This form must reac	th the 13th Maccabia	h Headquarters no later than	мау зт, т989	** For Office Use Only



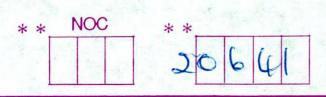
13th Maccabiah Organizing Committee Kfar Maccabiah Ramat-Gan 52105

Israel

Tel: 03-715733 Fax: 03-772059

Telex: 33319 MACAB IL.







Family Name		First Name	Date of birth Day Month Year	Sex F M	Food Type *
TURNER	DAVID				02 - VEGETARIAN
Participation At Previous Maccabiot *		Address (No Street - Apt)			
	05 06 07 08 09 10 11 12				
Profession / Occupation Basketball Obzerver  **  Hotel DAN TEL-AVIV		City	St	ate	Zip
Hotel DAN TEL-AVIV		Country		Phone	No.
**		ENGLAND			
Arrival EL-AL 3/6 Y/7 Airline & Flight No. Date	23:25 Time of Arrival		To be Completed by Head of Fa	amily	
**			ACCOMPANIED BY:		**
Departure <u>F</u> (-A <u>b</u> 35) 12/4	07:10				**
Airline & Flight No.	Time of Departure				
If Family Members are Athletes or part of a Delegation please give deta  Name  Sport	ills: **				**
	**				**
					at at
	**				**

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Date





13th Maccabiah Organizing Committee Kfar Maccabiah Ramat-Gan 52105

Israel

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* * NOC	* *
	20460
e of birth Month Year	Sex Foo

Family Name		First Name Date of birth	
URBAN	RICHAR	21 4:	2 4 02 - VEGETARIAN
Passport No.	Participation At Previous Maccabiot *	Address (No Street - A	ot)
m 437127	01 02 03 04 05 06 07 09 09 10 10	2 6 HILLCRESTA	VENUE
	** IMC&	City	State Zip
Profession / Occupation MANAGER	4.4	EDGWARE MIDDI	LESEX HH881A
Hotel WFAR MACCASIAH		Country	Phone No.
**		ENGLAND	019587623
Arrival BA 660 7294	JUNE 29+ 89 04.10/	m T. I. C. I. I. I.	Hand of Franchis
Airline & Flight No.	Date Time of Arriva	To be Completed by	Head of Family
(2)		ACCOMPANI	ED BY: **
Departure Com To T. A  Airline & Flight No.	Date Time of Departs	ire	**
If Family Members are Athletes or part of a Delegation	nlassa giva dataile:		
Name	Sport **		**
1 .10 . 1	**		**
Hemsel of he ollanisints Co	ohhigae **		**
	**		

Date

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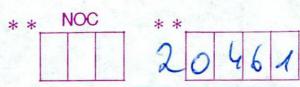
<sup>\*</sup> Please Circle The Applicable \*\* For Office Use Only



Israel

Tel: 03-715733 Fax: 03-772059

Entry Form by Name	Entry	Form	by N	lame
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Telex. 55519 1	MICIES IZ.			Food Time *
Family Name			First Name  Date of birth  Day Month Year  F	Sex Food Type *
URBAN	Re	TH	17723	,
Passport No.	Participat Previous Ma		Address (No Street - Apt)	
2880602		7 08 09 10 10 12	6 HILLCREST AVEN	J E
	**		City State	Zip
Profession / Occupation Housewill	**	58	EDGWARE MIDDLESE	x H1-38 P 17
Hotel MEAR MACCIMAIA			Country	Phone No.
**			ENGLAND	9587623
Arrival BA 660 7294	JUNE 29# 89	04.10 Am		到 一个
Airline & Flight No.	Date	Time of Arrival	To be Completed by Head of Fami	ily
			ACCOMPANIED BY:	**
Departure Row 1. 1.A.	14.7.89			**
DepartureAirline & Flight No.	Date	Time of Departure		
If Family Members are Athletes or part of a Delegation Name	please give details: Sport	**		**
	Pl .	**		**
Wife of Hember of o	Cha ising			
	OMBITE	**		**
R				
Way and the second seco				Date
Signature				Date

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Please attach an identity photo to this entry form.

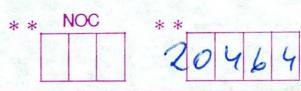


13th Maccabiah Organizing Committee Kfar Maccabiah Ramat-Gan 52105

Israel

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







Family Name		First Name	Date of birth Day Month Year F	Food Type *
62AD9N K	ENNETH	JACOB	20 719	VEGETARIAN
Passport No. Previous Previous	oation At Maccabiot *	Addres	ss (No Street - Apt)	
7 4 3 9 0 8 6 01 02 03 04 05 06	07/08/09/19/11/12	4 MZADWA	X CYSE	
Profession / Occupation**	IMC	City Low Don	State U 4	Zip Uwn7CB
Hotel _ KEAR ILAMACCABIA	20	Country		Phone No.
**		CU	458	3645
Arrival ELALLY 318 (7306) Airline & Flight No.  Date	Time of Arrival	То	be Completed by Head of Family	
**			ACCOMPANIED BY:	**
Departure	Time of Departure			**
If Family Members are Athletes or part of a Delegation please give details:  Name  Sport	**			**
	**		19.	**
	**			**
Signature				8(5) 83 Date

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Israel

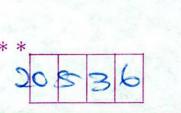
Tel: 03-715733 Fax: 03-772059

Telex: 33319 MACAB IL.





\*\* NOC





Family Name		First Name  Date of birth Day Month Year  F	Food Type *
COHEN	MARCEL	010466	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  AMSTERDAM 107	7 UX
Hotel Moriah Diplomat ** Diplomat	( 2 n	Country HOLLAND	Phone No.
Arrival KL 521 Airline & Flight No. **	Date Time of Arrival	To be Completed by Head of Family  ACCOMPANIED BY:	**
Departure KL 522 Airline & Flight No.	Date Time of Departure		**
If Family Members are Athletes or part of a Delegation part of a Delegat	Sport		**
	**		**

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3%'d9 Date

I, Marcel Cohen, announce that the Holand Maccabi Comity will pay the VIP package ive In case they won't pay it, I'll pay the 500\$ for the package. Marcel Louis Cohen Amsterdam Diepenbrockstreet 9

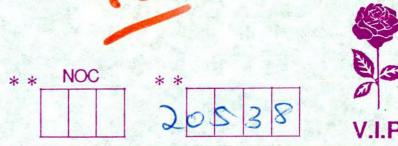


Israel

Tel: 03-715733 Fax: 03-772059

Telex: 33319 MACAB IL.





Family Name		F	irst Name	Date of birth Day Month Year F	Food Type *  M 01 - REGULAR
PRINS-MOL	HAN	UNA		170642 X	02 - VEGETARIAN
Passport No.	Participation Previous Maccal		Α	Address (No Street - Apt)	
542355	01 02 03 04 05 06 07 0	8 09 10 11 12	OORDE	POORT 20	
rofession / Occupation	**	F	City FMSTELU	State	Zip  1 1 0 3 K R
otel HILTON TA			Country	P	hone No.
rival KL 525 Airline & Flight No. **	Date	16.25 Time of Arrival	HOLLANC	To be Completed by Head of Family  ACCOMPANIED BY:	** 20539
eparture 13/7 L 4 + Airline & Flight No.	13 13 Date Ti	9.00 me of Departure	Prins F	1 lexander	**
Family Members are Athletes or part of a Delegat Name	ion please give details:	*			**
	**	*			**
	**	*			**

Signature

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3% d79
Date

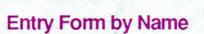
\* Please Circle The Applicable \*\* For Office Use Only

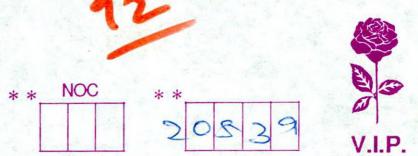
H. Smalhout



Israel

Tel: 03-715733 Fax: 03-772059





Family Name			First Name	Date of birth Day Month Year F	Sex Food Type  On - REGULAR
PRINS	ALE	EXANDE	R	050238	02 - VEGETARIAN
Passport No.	Participation Previous Maccal		Addres	s (No Street - Apt)	
360202M	01 02 03 04 05 06 07 0		VOOR DE	POORT 20	
	**		City	State	Zip
Profession / Occupation	**		AMSTELVE		1103KR
lotel HILTON T.A.			Country		Phone No.
** 7272			HOLLAND		
Arrival 27/6 KL 525 Airline & Flight No.	27/6 Date	16.25 Time of Arrival	To	be Completed by Head of Family	
Airline & Flight No. **	Bato			ACCOMPANIED BY:	**
Departure	14	9.00	Prins_Mol	Hanna.	2023
Airline & Flight No.		me of Departure			
f Family Members are Athletes or part of a Delegation Name	please give details: **  Sport	*			**
	**	*			**
	**	*			**
					39/2019

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Date

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H. Smallroul

Signature



Israel

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**Entry Form by Name** 





NOC

V.I.P.

Family Name			First Name	Date of birth Day Month Year	Sex Food Type *  On - REGULAR
STORK-KLEYN	DAN	IELLA		210241	X 02 - VEGETARIAN
Passport No.	Participation At Previous Maccabio	t *	Addres	s (No Street - Apt)	
938438N	01 02 03 04 05 06 07 08 0	09 10 11 12	BACHPLEIN	V 10	
Profession / Occupation	**		City  AMSTERDAI	Sta	te Zip 107763
Hotel _ Hilton T.A			Country		Phone No.
** 7272 Arrival K1 525	27/6	730	HOLLAND		
Arrival S 2 3 Airline & Flight No.	Date Tim	ne of Arrival	То	be Completed by Head of Far	nily
Departure Ly 337 Airline & Flight No.	Date Time	of Departure	Stork	ACCOMPANIED BY:	** 2 05 4 2 **
If Family Members are Athletes or part of a Delegation p	lease give details:				**
Stork Bostican	Jennis **				**
Stork Alexander 5	enn; **				**
		AND SAN PROPERTY.			A STATE OF THE STA

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

Signature



Israel

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**Entry Form by Name** 





V.I.P.

Family Name		First Name	Date of birth Day Month Year	Sex Food Type *
GORIN DR.	DEBORAH		230459 1	
Passport No.	Participation At Previous Maccabiot *	Addre	ss (No Street - Apt)	
I071206	01 02 03 04 05 06 07 08 09 10 11 12	KIEFSKAM	P 44	
	**	City	State	e Zip
Profession / Occupation	**	AMSTERDA	M	1002KA
Hotel Plaza T.A.		Country		Phone No.
	7/6 /m 29/6)	HOLLAND		
Arrival 27/ LY 036 27 Airline & Flight No.	16) 27/6 16 3° Time of Arrival	То	be Completed by Head of Fam	nily
**			ACCOMPANIED BY:	**
Departure 16/2 LY 33 Airline & Flight No.	Date Time of Departure			**
If Family Members are Athletes or part of a Delegation	n please give details:			**
Smalhout H. Dhusband. ass. C	thef de Mission 3806			**
	**			**

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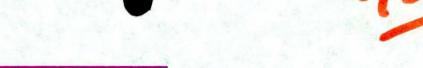
Please attach an identity photo to this entry form.



Israel

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Telex: 33319 MACAB IL.







Food Type Date of birth Sex **First Name Family Name** Day , Month , Year 01 - REGULAR OHAN 02 - VEGETARIAN 3 1,0 STORK Participation At Address (No. - Street - Apt) Passport No. **Previous Maccabiot** 02 03 04 05 06 07 08 09 10 11 12 10 City State Zip Profession / Occupation Docker ERDAM Phone No. Hotel Country LAND KL 525 To be Completed by Head of Family Time of Arrival ACCOMPANIED BY: Departure Time of Departure If Family Members are Athletes or part of a Delegation please give details: Shork Alexander Stork Bastiaan

**Entry Form by Name** 

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4

Signature

H. Smalbout

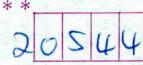


Israel

Tel: 03-715733 Fax: 03-772059









	Telex: 33319 MACAB IL.					
Family Name			First Name	Date of birth Day Month Year	Sex F M	Food Type *  01 - REGULAR
GEUNS VAN	LI	Z		180646	X	02 - VEGETARIAN
Passport No.	Participation Previous Macco		Addre	ess (No Street - Apt)		
1469906	01 02 03 04 05 06 07	08 09 10 11 12	REAMURST	R. 5		
	**		City		State	Zip
Profession / Occupation	**		BADHOEVE	PORP	1	171CA
Hotel PLAZA TEL	AVIV		Country		Phone	No.
** (Shofa	27/6-29/6) (2716)		HOLLAND			3 - 5
Arrival 27/6 L 4 Airline & Flight No.	27/6 Date	Time of Arrival	To	b be Completed by Head of	Family	
**	$Q_{a}P_{a}$	230.		ACCOMPANIED BY:		**
Departure L y 3	15/ <sub>2</sub> Date	Time of Departure				**
If Family Members are Athletes or part of a Name	Sport	**				**
Gouns van, Carel	Team official	**				**
		**				**
The state of the s	No. 1. Section of the configuration				3	0,

**Entry Form by Name** 

W. Smalhout

Signature

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Telex: 33319 MACAB IL.







V.I.P.

Family Name		First Name	Date of birth Day Month Year F	11	Food Type *  01 - REGULAR
VYTH	ELLIS		051147 ×	,	02 - VEGETARIAN
Passport No.	Participation At Previous Maccabiot *	Ad	dress (No Street - Apt)		
D007402	01 02 03 04 05 06 07 08 09 10 11	12 G. Ud Ve	enstr. 90		
	**	City	State	P. W.	Zip
Profession / Occupation	**	AMSTERD	AM	10	77EL
Hotel PLAZA T.A. (SHE	FAYIM	Country		Phone N	lo.
** from		HCLLAND			
Arrival 19036 2716 Airline & Flight No.	Date Time of Arriva		To be Completed by Head of Family	V	
**			ACCOMPANIED BY:	**	
Departure Ly 337 7166	16/2 030			**	
Departure Airline & Flight No.	Date Time of Depart	ure		,	
If Family Members are Athletes or part of a Delegation Name	Sport			**	
M. Koster Ass.	chefle Mission >	4		**	*
	**			**	

**Entry Form by Name** 

Signature

H. Smalhout

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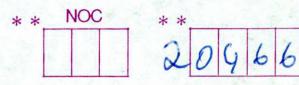


Israel

Tel: 03-715733 Fax: 03-772059

Telex: 33319 MACAB IL.







Family Name		First Name	Date of birth Day Month Year F	Food Type *  M 01 - REGULAR
DELLA PERGOLA MASS	MASSIMO		110712 ×	02 - VEGETARIAN
Passport No.	Participation At Previous Maccabiot *	Addre	ess (No Street - Apt)	
L775009 01 02	03 04 05 06 07 08 09 10 11 2	7 VIA MA	RKO DE MAR	CH 1
Profession / Occupation JOURNALIST	IMC + SPOUSE	City 2 1 M1	State LANO 17A	Zip
Hotel CARLTON TEL AVIV	29	Country		Phone No.
(7-283)		ITALY 6	552416 OR 8	377785
Arrival FROM ZURICH SWISSAIR /332 THE 28  Airline & Flight No.	Date Time of Arrival	Тс	b be Completed by Head of Family	
	- 30/07	HiS WIFE, P	ACCOMPANIED BY: INTO A DELE PASS.	20465
Departure To ACCADIA HOTEL HERZLYIN 14/07 Airline & Flight No.		PORT N.5320	97 F	
If Family Members are Athletes or part of a Delegation please gi Name Sport		REFERENCE: YOU	R LETTER MAY 3, 89	**
		(ZUIRAVIV)	AND YOURRECEIPT	
	**	N. 216, 23	04   89.	**

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Signature

13th Maccabiah Organizing Committee Kfar Maccabiah

Ramat-Gan 52105

Israel

Tel: 03-715733 Fax: 03-772059

Entry	Form	hy	Namo
	Cim	Dy	Name

* *	NOC	* *			
		20	6	0	5



Telex: 333	319 MACAB IL.			1 F 1 T
Family Name		First Name	Date of birth Day Month Year F	Food Type *  O1 - REGULAR
PRECIADO	ALINE		1 1 1 1 6 9 X	02 - VEGETARIAN
Passport No.	Participation At Previous Maccabiot *	Addres	ss (No Street - Apt)	
M H - 1 5 0 3 9	01 02 03 04 05 06 07 08 09 10 11 12	FUENTE D	E L P E S C A D	OR 5 3
	**	City	State	Zip
Profession / OccupationESTUDIANTE	**	T E C AM A C H	A L C O M E X I	COD.F.
Hotel		Country		Phone No.
**	ots	M E X I CO		
Arrival EL-AL 001 (FROM NEW YOR Airline & Flight No.	3/JUL/89 4:30  Date Time of Arrival	То	be Completed by Head of Family	
**			ACCOMPANIED BY:	30537
		TOVA MIZRAC	CHI (PANAMA)	**
DepartureAirline & Flight No.	Date Time of Departure			
If Family Members are Athletes or part of a Delega Name	tion please give details:			**
	**			**
				**
	**			**

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Date



Analyn Acrich 7

13th Maccabiah Organizing Committee Kfar Maccabiah Ramat-Gan 52105

Israel

Tel: 03-715733 Fax: 03-772059

Telex: 33319 MACAB IL.





Food Type Sex Date of birth First Name **Family Name** Day Month Year 01 REGULAR 2 0 1 2 ACRI ANALYN 69 X 02 - VEGETARIAN C **Participation At** Address (No. - Street - Apt) Passport No. **Previous Maccabiot** 02 03 04 05 06 07 08 09 10 11 12 -3 3 6 9 P.O BOX City State Zip Profession / Occupation STUDENT PAN A M A AM A N Phone No. Country Hotel P A N AM A 7880 6 3018 Arrival To be Completed by Head of Family Time of Arrival Date Airline & Flight No. **ACCOMPANIED BY:** Departure Time of Departure Airline & Flight No. Date If Family Members are Athletes or part of a Delegation please give details: Sport Name JAIME ACRICH SOFTBALL \*\* AIDA ACRICH TENNIS \*\* WALTER ACRICH SOFTBALL

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Date



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Family Name		First Name	Date of birth Day Month Year F	Sex Food Type *
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Profession / Occupation PHYSCHOLOGIST **		City PANAMA	State P A N A	
Hotel		Country		Phone No.
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Arrival	Time of Arrival	Т	o be Completed by Head of Fami	ly
**			ACCOMPANIED BY:	**
		GABRIEL BENA	IM	
Departure Date Date	Time of Departure	ABNER BENAIM		**
If Family Members are Athletes or part of a Delegation please give detail  Name  Sport	s: **			**
JACOBO BENAIM TENNIS MASTE	R ** 1888			**
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	**			**
Betty J. de Bewein				Date
Signature				The state of the s

**Entry Form by Name** 

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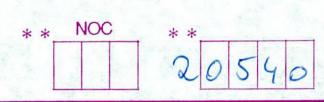
Signature

13th Maccabiah Organizing Committee Kfar Maccabiah Ramat-Gan 52105

Israel

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







Family Name			First Name	Date of birth Day Month Year F	M en - REGULAR
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**			EVA Y	ACCOMPANIED BY:	20547
DepartureAirline & Flight No.	Date	Time of Departure			**
If Family Members are Athletes or part of a		**			**
JOSEPH BETTSAK	CHESS	1883			- **
ELLIS YOHROS	SWIMMER	1881			**
ABRAHAM BETTSAK	TABLE TENNIS	1884			
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Israel Tel: 03-715733 Fax: 03-772059 Telex: 33319 MACAB IL. Entry Form by Name

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Family Name			First Name	Date of birth Day Month Year F	Sex Food Type *
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ArrivalAirline & Flight No.	Date	Time of Arrival	Т	o be Completed by Head of Fam  ACCOMPANIED BY:	**
DepartureAirline & Flight No.	Date	Time of Departure			**
If Family Members are Athletes or part of a Delegation Name	n please give details: Sport	**			**
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Family Name		First Name	Date of birth Day Month Year F	Food Type *  M 01 - REGULAR
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If Family Members are Athletes or part of a Delegation				44
Name	Sport **			**
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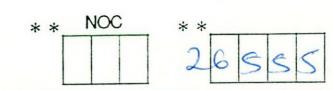
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Israel

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Entry Form by Name





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Family Name			First Name	Date of birth Day Month Year	Sex Food Type *
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	**	-	City	State	Zip
Profession / Occupation	**		PANAMA		
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ArrivalAirline & Flight No.	Date	Time of Arrival		To be Completed by Head of Fam	ily
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DepartureAirline & Flight No.	Date	Time of Departure			**
If Family Members are Athletes or part of a Deleg	gation please give details: Sport	**			**
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South Hiller					Date
Signature					Diago Cirolo The Applicable

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Please attach an identity photo to this entry form.

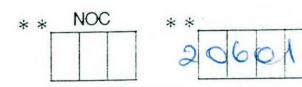


Ramat-Gan 52105

Israel

Tel: 03-715733 Fax: 03-772059

Entry Form by Name	* *
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Telex: 3331	9 MACAB IL.		First Name	Date of birth	Sex	Food Type *
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ArrivalAirline & Flight No.	Date	Time of Arrival		To be Completed by Head of	f Family	
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DepartureAirline & Flight No.	Date	Time of Departure			*	**
If Family Members are Athletes or part of a Delegation Name	on please give details: Sport	**			*	**
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Telex: 33319 MACAB IL.

Ramat-Gan 52105







Family Name			First Name			of birth Month Year	S	e <b>x</b> M	Food Ty	
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If Family Members are Athletes or part of a Delegation Name	on please give details: Sport	**			7, 4				**	
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**Entry Form by Name** 

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Date



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Telex: 33319 MACAB IL.







Family Name			First Na	me	-			Date o				Sex	X M		od Ty - REGI	ype *
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Date



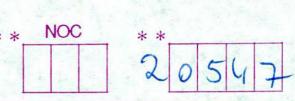
Kfar Maccabiah Ramat-Gan 52105

Israel

Tel: 03-715733 Fax: 03-772059

Telex: 33319 MACAB IL.







Food Type Sex Date of birth First Name **Family Name** Day , Month , Year 01 - REGULAR 02 - VEGETARIAN YOHR OS E V A 0 20 7 6 6 Participation At Address (No. - Street - Apt) Passport No. **Previous Maccabiot** 02 03 04 05 06 07 08 09 10 11 12 8 5 5 P.O. BO P Zip State City HOUSEWIFE **Profession / Occupation** P A NA M A 5 N AM A BASEL Phone No. Country Hotel P AN A M A 6 9 6 30/6/89 15:00 Arrival To be Completed by Head of Family Time of Arrival Airline & Flight No. ACCOMPANIED BY: MARIA BETTSAK Departure Time of Departure Date Airline & Flight No. If Family Members are Athletes or part of a Delegation please give details: \*\* Sport Name ELLIS YOHROS SWIMMER \*\* JOSEPH BETTSAK CHESS \*\* ABRAHAM BETTSAK TABLE TENNIS

**Entry Form by Name** 

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Family Name			First Name	Date of birth Day Month Year	Sex F M	Food Type *
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Arrival EL AL Vuelo 036 3		17:15		To be Completed by Head	of Family	
Airline & Flight No. **	Date	Time of Arrival		To be Completed by Head of ACCOMPANIED BY		**
	/				- V	
DepartureAirline & Flight No.	Date	Time of Departure				**
If Family Members are Athletes or part of a Delegation	on please give details: Sport	**		1 10	-2 -	**
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Please attach an identity photo to

**Entry Form by Name** 

no later than May 31, 1989



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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.









Family Name			First Name	Date of birth Day Month Year	Sex F M	Food Type *  X - REGULAR
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Departure	Date	Time of Departure				**
If Family Members are Athletes or part of a Delegation please Name	se give details Sport	**				**
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**Entry Form by Name** 

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Date



Kfar Maccabiah Ramat-Gan 52105

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Entry Form by Name

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Passport No.  Passport No.  Passport No.  Participation At Previous Maccabiot *  Address (No Street - Apt)	
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O 3 9 4 4 9 O 1 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 SA N ISIDE  **  City State Zip  City State Zip  City City Country  Phone No.  **  Arrival EL AL 036  Airline & Flight No.  **  Date Time of Arrival  To be Completed by Head of Family  ACCOMPANIED BY:  **  ACCOMPANIED BY:	Zip
Profession / Occupation INDUSTRIAL  Hotel MORIAH PLAZA  **  Country Phone No.  PER U 4 1 7 0 5 6  Arrival Airline & Flight No.  Date Time of Arrival  ACCOMPANIED BY:  **  ACCOMPANIED BY:  **	
Hotel MORIAH PLAZA  **  EL AL 036  Arrival Airline & Flight No.  Date Time of Arrival  **  ACCOMPANIED BY:  **  ACCOMPANIED BY:  **  L I M A  Country  P E R U  A 1 7 0 5 6	o.
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Arrival Airline & Flight No.  **  Accompanied by Head of Family  Accompanied by Head of Family  Accompanied by Head of Family  **  Accompanied by Head of Family  **  Accompanied by Head of Family	
ACCOMPANIED BY: **	
	0564
Departure	
If Family Members are Athletes or part of a Delegation please give details:  Name  Sport  **  **  **  **  **  **  **  **  **	

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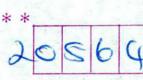
13th Maccabiah Organizing Committee Kfar Maccabiah Ramat-Gan 52105

Israel

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









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Family Name		Day Month Year F	Food Type *  M
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Profession / OccupationSU CASA	**	City State  L I M A	Zip
Hotel MORIAH PLAZA		Country	Phone No.
** EL AL 036		P E R U 4 1 7	0 5 6
Arrival EL AL 036  Airline & Flight No.  **	30 Junio 17: 15  Date Time of Arrival	To be Completed by Head of Family  ACCOMPANIED BY:	**
		NORBERTO FEIGER (Esposo)	20565
DepartureAirline & Flight No.	Date Time of Departure		**
If Family Members are Athletes or part of a Delegation polynomial Name	olease give details:		**
	**		**
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"HEBRACA"			

**Entry Form by Name** 

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Date



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Tel: 03-715733 Fax: 03-772059

Telex: 33319 MACAB IL.







Family Name		First Name		<b>Dat</b> Day	e of birth Month Ye	ar	Se F	X M	Food T	The same of the sa
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Arrival EL AL Vuelo 036 3001  Airline & Flight No.  **  Date	17:15 Time of Arrival			ACC	oleted by He	BY:	amily	*	**	62
Departure Date	Time of Departure	CHAIM KAU	FMAN		(Esposo)			- ,	**	. 6 3
If Family Members are Athletes or part of a Delegation please give detail Name Sport	** ** **							*	**	
"HEBRAICA Y SOCIAL Signature					1				Date	

**Entry Form by Name** 

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KAUFMAN

3 7 8

Family Name

Passport No.

13th Maccabiah Organizing Committee Kfar Maccabiah Ramat-Gan 52105

Israel

Tel: 03-715733 Fax: 03-772059

Telex: 33319 MACAB IL.





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Profession / Occupation COMERCIANTE  **  MORIAH PLAZA		L I M A	State	Phone No.
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Arrival EL AL Vuelo 036 Airline & Flight No. ** Date	Time of Arrival	To be Completed by  ACCOMPAN  RAQUEL KAUFMAN (Esposa)		20062
Departure  Airline & Flight No.  Date  If Family Members are Athletes or part of a Delegation please give details:  Name  Sport	Time of Departure  **  **			**
- Loige	**			**
ASOCIACION CULTURE OLPOR IVA Y SOCIAL Signature				Date

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Participation At Previous Maccabiot

01 02 03 04 05 06 07 08 09 10 11 12

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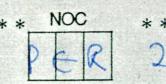
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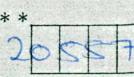


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Tel: 03-715733 Fax: 03-772059









Telex: 33319 MACAB IL. Food Type \* Date of birth Sex First Name Family Name M - REGULAR Day , Month , Year 2 7 0 6 2 5 02 - VEGETARIAN X ANNI TA OCHOWSKI Participation At Address (No. - Street - Apt) Passport No. Previous Maccabiot MAGDALENA 01 02 03 04 05 06 07 08 09 10 11 12 JAV E 0 E E I 38 3 9 5 Zip City State SU CASA Profession / Occupation LIM A RAMADA INN Phone No. Country Hotel PERU 6 1 8 8 2 Julio SWISS AIR Arrival To be Completed by Head of Family Time of Arrival Date Airline & Flight No. ACCOMPANIED BY: Departure Time of Departure Airline & Flight No. Date If Family Members are Athletes or part of a Delegation please give details: Sport Name

Entry Form by Name

"HEBRAICA"

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Signature

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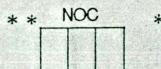
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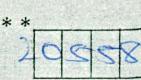


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Family Name			First Name	Date of birth Day   Month   Year	Sex Food Type  F M & REGULAR	
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	**		City		State Zip	
Profession / Occupation INGENIERO MECANIC	**		LIMA			
HotelRAMADA IN			Country		Phone No.	
	2		PERU		5 1 8 1 8 6	
Arrival SWISS AIR	2 Julio					
Airline & Flight No.	Date	Time of Arrival	To	be Completed by Head of	Family	
			ANNITA SLOCHOWSKI	ACCOMPANIED BY:	No ac	7
DepartureAirline & Flight No.	Date	Time of Departure			**	
f Family Members are Athletes or part of a Dele						
Name	Sport	**			**	
		**			***  White property to the control of the control o	
		**	•		**	
"HEBRAICA"						0.87
ASOCIACION CULTURAL DEPOSITIVA Y SOCIAL					Date	

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

Please attach an identity photo to this entry form.



Entry Form by Name

**	NOC	* *
	49	2025



Telex: 33319	MACAB IL.		V-I					
Family Name	, E V A	First Name	Date of birth Day Month Year  O 6 0 5 2 9 X	Sex Food Type *  M X - REGULAR  02 - VEGETARIAN				
Passport No. 4 3 6 2 4	Participation At Previous Maccabiot 01 02 03 04 05 06 07 08 0		Address (No Street - Apt)  A = F U E N T E - 1 5	2 SAN ISIDRÒ				
Profession / OccupationSU CASA.  MORIAH PLAZA	**	City  LIMA	State	Zip				
** 300	1 20 Tunio 1'	Country PERU	40:	Phone No.  1 4 4 0				
Arrival EL AL Vuelo 036 Airline & Flight No.		e of Arrival	To be Completed by Head of Family					
**		ENRIQUE TINMAN	ACCOMPANIED BY:	20860				
DepartureAirline & Flight No.	Date Time	of Departure		**				
f Family Members are Athletes or part of a Delegation Name	please give details: **			**				
	**			**				
"HEBRAICA"	**			**				
ASOCIACIAN CULTURAL MORTIVA Y SOCIAL								

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Please attach an identity photo to this entry form.

Date

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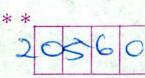
Israel

Tel: 03-715733 Fax: 03-772059

Telex: 33319 MACAB IL.







\* Please Circle The Applicable

\*\* For Office Use Only



Food Type \* Date of birth Sex First Name **Family Name** Day , Month , Year X- REGULAR ENRI QUE 2 0 1 8 0 3 X 02 - VEGETARIAN INMA N Participation At Address (No. - Street - Apt) Passport No. **Previous Maccabiot** ISIDRO SAN 5 TE E N U 02 03 04 05 06 07 08 09 10 11 12 G RA 4 1 4 1 2 Zip City State INGENIERO Profession / Occupation I M A MORIAH PLAZA Phone No. Country Hotel 0 0 PERU 3001 17:15 30 Junio Vuelo 036 EL Arrival To be Completed by Head of Family Time of Arrival Date Airline & Flight No. ACCOMPANIED BY: (Esposa) EVA TINMAN \*\* Departure Time of Departure Airline & Flight No. Date If Family Members are Athletes or part of a Delegation please give details: \*\* Sport Name \*\* \*\* ASOCIACION Date Signature

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**Entry Form by Name** 



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Telex: 33319 MACAB IL.



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	21			2	0	6	8	4



Family Name			First Name	Date of birth Day Month Year	Sex Food Type *
LOWINGER	B	RIAN,	MARC	031370	02 - VEGETARIAN
Passport No.	Participa Previous Ma		Ad	Idress (No Street - Apt)	
G 554268	01 02 03 04 05 06		280 TUB	INGEN	
Profession / Occupation STUDENT	**		City  R J O P I E	DRAS Sta	te Zip 0 0 9 2 1
Hotel RAMADA			Country		Phone No.
**			PUERTO	R100 80	09 7652465
Arrival EL AL #36  Airline & Flight No.  **	6-30-89 Date	5,40 P.M. Time of Arrival		To be Completed by Head of Far	mily
Departure EL AL #1	71429	10 A.M.	L. LOWING	ACCOMPANIED BY:	**
Airline & Flight No.	7-14-89 Date	Time of Departure			
If Family Members are Athletes or part of a Delegation Name  LAZAR LOWINGER  MASTE	Sport	** 1620			**
KAZAR LOWINGER TITASTO		**			**
		**			**
	the second second				

Signature

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Please attach an identity photo to this entry form.

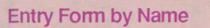
6/≥1/89 Date

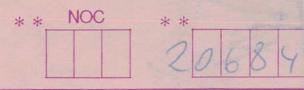


Israel

Tel: 03-715733 Fax: 03-772059

Telex: 33319 MACAB IL.







Family Name		First Name  Date of birth Day Month Year	Sex Food Type *
LOWINGER	BRIAN,	MARC 031370	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	
	**	City	State Zip
Profession / Occupation STUDENT	**	RIOPIEDRAS	00921
Hotel RAMADA		Country	Phone No.
**		PUERTO RICO	8097652465
Arrival EAAA #36 Airline & Flight No.	6-30-89 5:45 P.M.    Date   Time of Arrival	To be Completed by Head	of Family
**		ACCOMPANIED BY	<b>/</b> : **
Departure EL AL # 1 Airline & Flight No.	7-14-89 10 A.M.  Time of Departure	L. LOWINGER	**
If Family Members are Athletes or part of a Delegation Name  LAZAR LOWINGER MAST	on please give details:  Sport  ERS TENNIS  **	*	**
	**		**
	**		**

Signature

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Please attach an identity photo to this entry form.

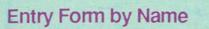
6/21/89 Date

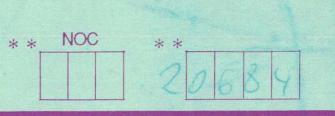


Israel

Tel: 03-715733 Fax: 03-772059

Telex: 33319 MACAB IL.







Family Name	First Name Date of birth Day Month	
LOWINGER BRIAN.	MARC 03137	7 0 02 - VEGETARIAN
Passport No.  Passport No.  Previous Maccabiot *	Address (No Street - Ap	ot)
G 554268 01 01 02 03 04 05 06 07 08 09 10 11 12	280 TUBINGEN	
**	City	State Zip
Profession / Occupation**	RIO PIEDRAS	00921
Hotel RAMADA	Country	Phone No.
	PUERTO RICO	8097652464
Arrival E A A A A A A A A A A A A A A A A A A	To be Completed by	Head of Family
	ACCOMPANII	ED BY: **
Departure ZZ AZ # / 7-14-89 10 A.M. Airline & Flight No. Date Time of Departure	L. LOWINGER	**
If Family Members are Athletes or part of a Delegation please give details:  Name  Sport  MASTERS TENNIS  **	277	**
**		**

Signature

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Please attach an identity photo to this entry form.

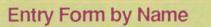
Date



Israel

Tel: 03-715733 Fax: 03-772059

Telex: 33319 MACAB IL.



*	NO	0	* *				
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Family Name		First Name	Date of birth Day Month Year	Sex Food Type *
LOWINGER	BRIAN	MARC	031370	02 - VEGETARIAN
Passport No.	Participation At Previous Maccabiot *	Addr		
G 554268	01 02 03 04 05 06 07 08 09 10 11 12	280 TUBT	NGEN	
	**	City	S	tate Zip
Profession / Occupation	**	RIOPIED	RAS	00921
Hotel RAMADA		Country		Phone No.
**		PHERTOR	160 3	09 7052465
Arrival Airline & Flight No.	Date Time of Arrival	THE	o be Completed by Head of F	Family
		The lateral section of	ACCOMPANIED BY:	**
Departure AL AL AIIIne & Flight No.	Date Time of Departure	L. LOWINGE		**
If Family Members are Athletes or part of a Delegation Name	n please give details:  Sport  **			**
LALAR LONGINGALE TIPET	**			**
	**			**

Signature

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Date



13th Maccabiah Organizing Committee Kfar Maccabiah Ramat-Gan 52105

Israel

Tel: 03-715733 Fax: 03-772059

Telex: 33319 MACAB IL.







Family Name			First Name	Date of birth Day Month Year	Sex Food Type *
SOLODUCIO	Mo	23210		25 9 8	02 - VEGETARIAN
Passport No.	Participation Previous Mac		A	ddress (No Street - Apt)	
	01 02 03 04 05 06 07	08 09 10 11 12	1023 PE	eu	
Profession / Occupation	**		City MONTEU	State	Zip
Hotel SHERATON **			Country URUGWAY		Phone No.
ArrivalAirline & Flight No.	Date	Time of Arrival	HELEN 2	To be Completed by Head of Fam  ACCOMPANIED BY:	** 2070
DepartureAirline & Flight No.	Date	Time of Departure			**
If Family Members are Athletes or part of a Delegation Name	please give details: Sport	**			**
		**			**
		**			**
			1 1 1 3 No. 1		

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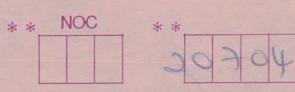
Please attach an identity photo to this entry form.

Date



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

**Entry Form by Name** 





Family Name		First Name	Date of birth Day Month Year F	Food Type *  M  O1- REGULAR
SOLODUCIO	MOISE.	2	25 9 8	X 02- VEGETARIAN
Passport No.	Participation At Previous Maccabiot *	Add	Iress (No Street - Apt)	
	01 02 03 04 05 06 07 08 09 10 1	11 12 1023 PE	eu l	
	**	City	State	Zip
Profession / Occupation	**	MONTEUI	DEO	
Hotel SHERATON		Country	PI	hone No.
**		URUGWAY		
ArrivalAirline & Flight No.	Date Time of Arr	rival	To be Completed by Head of Family	
		HELEN 21.	S 29	** 20703
DepartureAirline & Flight No.	Date Time of Dep			**
If Family Members are Athletes or part of a Delegation Name	n please give details:			**
	**			**
	**			**
		1		
Signature				Date

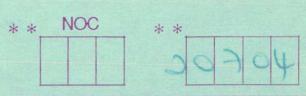
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13th Maccabiah Organizing Committee Kfar Maccabiah Ramat-Gan 52105

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





Family Name  SOLODUCIO	101262	First Name	Date of birth Day Month Year	Sex Food Type *  F M  O1- REGULAR  O2- VEGETARIAN
Passport No. Previous	ipation At Maccabiot * 06 07 08 09 10 11 12	Addr 1023 PER	ess (No Street - Apt)	
Profession / Occupation**		City	Sta	ate Zip
Hotel SHCRATON **		Country		Phone No.
Arrival	Time of Arrival	1	o be Completed by Head of Fa	** 20703
Departure Date	Time of Departure			**
If Family Members are Athletes or part of a Delegation please give details:  Name  Sport				**
	**			**

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13th Maccabiah Organizing Committee Kfar Maccabiah Ramat-Gan 52105

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





Family Name	Malsee	First Name	Date of birth Day Month Year	Sex F M	Food Type *  01- REGULAR  02- VEGETARIAN
Passport No. Previous	cipation At *	Addre 1033 PCP	ess (No Street - Apt)		
Profession / Occupation**		City	E 0	State	Zip
Hotel **		Country		Phone	No.
Arrival	Time of Arrival	HELEN DI.	o be Completed by Head of ACCOMPANIED BY		** 20703
Departure Date	Time of Departure				**
If Family Members are Athletes or part of a Delegation please give details:  Name  Sport	**				**
	**				**

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Date

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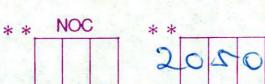


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Tel: 03-715733 Fax: 03-772059

Telex: 33319 MACAB IL.







Food Type \* Sex Date of birth First Name **Family Name** M Day , Month Year 01 - REGULAR 02 - VEGETARIAN **Participation At** Address (No. - Street - Apt) Passport No. **Previous Maccabiot** 01 02 03 04 05 06 07 08 09 10 11 City Zip State **Profession / Occupation** Phone No. Country Hotel S.A. **Arrival** To be Completed by Head of Family Time of Arrival Date Airline & Flight No. **ACCOMPANIED BY:** Departure Time of Departure Airline & Flight No. Date If Family Members are Athletes or part of a Delegation please give details: \*\* Sport Name

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**Entry Form by Name** 

Date

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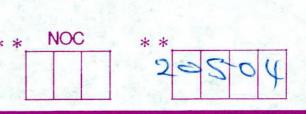
13th Maccabiah Organizing Committee Kfar Maccabiah Ramat-Gan 52105

Israel

Tel: 03-715733 Fax: 03-772059

Telex: 33319 MACAB IL.







Family Name			First Name	Date of birth Day Month Year	UI - REGULAN
Passport No.	Participat Previous Ma 01 02 03 04 05 06 0	ion At ccabiot *	Addres	ss (No Street - Apt)	DSE4 ST
Profession / Occupation	**		City	State	Zip
Hotel			Country / SPAEL	-	Phone No. 52-57-50-8
ArrivalAirline & Flight No. **	Date	Time of Arrival	S.A. To	be Completed by Head of Fam ACCOMPANIED BY:	**
DepartureAirline & Flight No.	Date	Time of Departure			**
If Family Members are Athletes or part of a Delegation Name	n please give details: Sport	**			**
		**			**
DO OVOK CO. A					

**Entry Form by Name** 

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Date

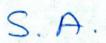


Kfar Maccabiah Ramat-Gan 52105

Israel

Tel: 03-715733 Fax: 03-772059

Telex: 33319 MACAB IL.



**Entry Form by Name** 





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Family Name		First Name	Date of birth Day Month Year F	Food Type *  M 01 - REGULAR
KEVEHAZI	DAFNE		280855 ×	02 - VEGETARIAN
-Passport No. / I.D. No.	Participation At Previous Maccabiot *	Add	dress (No Street - Apt)	
5333872	01 02 03 04 05 06 07 08 09 10	11 12 KATZENEI	-son 19	
	**	City	State	Zip
Profession / Occupation	**	RISHONL	EZION	75218
Hotel		Country	P	hone No.
**			9650	5 ∓ 3 3
ArrivalAirline & Flight No.	Date Time of A	S.A.	To be Completed by Head of Family	
**			ACCOMPANIED BY:	**
DepartureAirline & Flight No.	Date Time of D	eparture		**
If Family Members are Athletes or part of a Delega Name	tion please give details:			**
	**			**
	**			**

Signature Kevehazi

Date

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

**Entry Form by Name** 

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Family Name		First Name	Date of birth Day Month Year F	Sex Food Type *
ELLERINE	ERIC		091133	CO2 - VEGETARIAN
	cipation At s Maccabiot *	Addres	s (No Street - Apt)	
RPA 446172 01 02 03 04 05	06 07 08 09 10 11 12	POBOX	458	
Profession / Occupation DIRECTOR COMPANIES.		City	State	Zip
		GERMISTO	*	1400
Hotel HILTON T/A		Country		Phone No.
** 7025		REP S A		531846
Arrival EZ AL LY 5/2 02.07.8				
Airline & Flight No.  **  Date	Time of Arrival	То	be Completed by Head of Family	/
		MY WIFE -	ACCOMPANIED BY:	20526
Departure ELAL LY00/ 41 14-07-89.  Airline & Flight No. Date	O / O O Time of Departure	MYDAUGHTER		**
If Family Members are Athletes or part of a Delegation please give details:		- THE HOLD FILL	DIONINE	**
Name Sport	**			
	**			**
				**
	**			
the the and con				29.05.89 Date
Signature				Date

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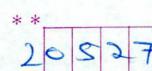
Tel: 03-715733 Fax: 03-772059

Telex: 33319 MACAB IL.



**Entry Form by Name** 

* *	NOC			
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11 0 -		13	-	135





Family Name		First Name	Date of birth Day Month Year	Sex Food T	Type *
ELLERINE	DIONNE		270567		GETARIAN
Passport No. P	Participation At revious Maccabiot *	Addr	ess (No Street - Apt)		
J 235717 01 02 03 0	04 05 06 07 08 09 10 11 12	POBOX	A 58		
**		City	Sta	ate Zip	ar lan
Profession / Occupation**		GERMISTO	N	11	400
Profession / Occupation STUDENT  Hotel HILTON T/A  **		Country		Phone No.	
** 7025 Arrival EL AL LY 5/2 02-0		REP S A		5318	846
Alliva	07.89 07.40 Time of Arrival		o be Completed by Head of Fa	mily	
Airline & Flight No.  **  Date	e Time of Arrival		ACCOMPANIED BY:	**	
11/20/11/14:07	.89 0/00		ACCOM ANED D1.		
Departure ELAL LY 00/41/14.07  Airline & Flight No.  Date	Time of Departure			**	F. 18
If Family Members are Athletes or part of a Delegation please give of	details:			**	
Name					
	**			**	
	**			**	
In Manoe	in			29-05 Date	-89
Signature				Date	

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**Family Name** 

Passport No.

Profession / Occupation | House wife

ELAL LY00/

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

HILTON

Arrival ELAL N 512

Name

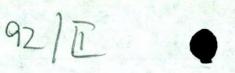
13th Maccabiah Organizing Committee Kfar Maccabiah

Ramat-Gan 52105

Israel

Tel: 03-715733 Fax: 03-772059

Telex: 33319 MACAB IL.



Fax: 03-772059 ACAB IL.		ry Form by Name	** NOC ** 2052b				
	ONA	First Name	Date of birth Day Month Year  1 4 1 1 3 8	Sex F M	01 - RE	Type  EGULAR  EGETARIA	
Participa Previous Ma 01 02 03 04 05 06	accabiot *	POBOX	ress (No Street - Apt)				The second secon
**		City  GERMIST	DN	State	Zip	400	
		Country S A		Pho	one No.	84	6
02-07-89 Date	Time of Arrival		To be Completed by Head of ACCOMPANIED BY		**		
14.07.89 Date	O/O O Time of Departure		ACCOUNT ARTIES 5.		**		TA T
lease give details: Sport	**				**		
	**			4	140		

In Mancercer Signature

29.05.89

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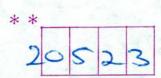
Israel

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

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**Entry Form by Name** 

* *	NOC





	WITCHE IE.			0
Family Name		First Name	Date of birth Day Month Year F	Food Type *  M  O  REGULAR
KOFF	DAUE		071038	02 - VEGETARIAN
Passport No.	Participation At Previous Maccabiot *	Addres	ss (No Street - Apt)	
1 1062671	01 02 03 04 05 06 07 08 09 10 11 12	59 BRAD	FIELD DRIV	1 E
Profession / Occupation SALES DIRECT  Hotel MORIAHA PLAZA	or **	City  FAIRMOUN-	State 7 1	Zip 2 1 9 2
Hotel _NORIAHA PLAZA		Country		Phone No.
**		REP S A		
Airline & Flight No.	26.06.89. 12.05.  Date Time of Arrival	То	be Completed by Head of Family	
**	35		ACCOMPANIED BY:	**
Departure EL Ph L / 5/1 W Airline & Flight No.	13.07.89. 2300 Date Time of Departure			**
If Family Members are Athletes or part of a Delegation Name	n please give details:			**
	**			**
	**			**
In Maron				29.08.89
Signature				Date

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Please attach an identity photo to this entry form.

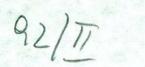


13th Maccabiah Organizing Committee Kfar Maccabiah Ramat-Gan 52105

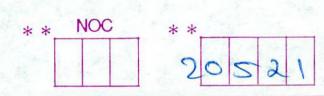
Israel

Tel: 03-715733 Fax: 03-772059

Telex: 33319 MACAB IL.



Entry Form by Name





Family Name		First Name	Date of birth Day Month Year	F M O1- REGULAR
LURIE	SANORA		040146	O2 - VEGETARIAN
	rticipation At bus Maccabiot *	Addres	s (No Street - Apt)	
	5 06 07 08 09 10 11 12	P O BOX	18600	
**		City	Sta	te Zip
Profession / Occupation Housewife **		HILLBROW		2038
Hotel MORIAMA PLAZA		Country		Phone No.
** 2612		REP S A		4843900
Arrival SAA 256 2 26.08				
Airline & Flight No.	Time of Arrival	То	be Completed by Head of Far	mily
#157			ACCOMPANIED BY:	**
Departure EL AL LY 5/1 13.07	7.89 23.00			**
Departure Airline & Flight No.  Date	Time of Departure			
If Family Members are Athletes or part of a Delegation please give deta	ils: **			**
Name				
J. LURIE HEADS OF DELEGAT	ion **			**
	**			**
1. 1.				2005.89

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\* Please Circle The Applicable

Date

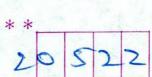
\*\* For Office Use Only



Tel: 03-715733 Fax: 03-772059

**Entry Form by Name** 

* *	1	NOC			
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Telex: 33319 MACAB IL. Food Type \* Date of birth Sex First Name **Family Name** Day Month Year 01 REGULAR ACK LURIE 02 - VEGETARIAN **Participation At** Address (No. - Street - Apt) Passport No. **Previous Maccabiot** BOX 18600 02 03 04 05 06 07 08 09 (0) (1) (2) 002080 State Zip City Profession / Occupation HCCOUNTANT. LBROW 2038 MORIAHA - PLAZA Phone No. Country 5 REP 4843 Arrival SAA LUFTHANSA 686m 21 June 89 15-15.

Airline & Flight No.

Date Time of Arrival To be Completed by Head of Family ACCOMPANIED BY: ELALLY5/17/3.07.89. 23.00. MYWIFE SANDRA Departure Time of Departure If Family Members are Athletes or part of a Delegation please give details: Sport Name W. Manon

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

Please attach an identity photo to this entry form.

29.05.89



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

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Entry Form by Name

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Telex. 55517 MACAB ID.		0
Family Name  MARCUS  JEAN	First Name  Date of birth Day Month Year  13/026  Sex Food Type 01 REGULA 02 - VEGETAL	R
MARCOS         JEA M           Participation At Previous Maccabiot           C         682241         01 02 03 04 05 06 07 08 09 10 11 12	Address (No Street - Apt)	
Profession / Occupation TEXTILE DIRECTOR **  Hotel MORIAH - PLAZA	City         State         Zip           C A M P S B A Y B 0 0	1
**	Country Phone No.  REP S A	
Arrival	To be Completed by Head of Family  ACCOMPANIED BY: **	
Departure ELAL LY51/ 13.07.89 23.00 Time of Departure Date	re **	
If Family Members are Athletes or part of a Delegation please give details:  Name  Sport  **	**	
**	**	
Mo Mourour Signature	29.05.89 Date	7

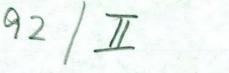
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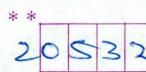
13th Maccabiah Organizing Committee Kfar Maccabiah Ramat-Gan 52105

Tel: 03-715733 Fax: 03-772059



Entry Form by Name







	Telex: 33319 MACAB IL.				
Family Name  MANOIM	EU	E	First Name	Date of birth Day Month Year  290426	Sex Food Type *  O1 - REGULAR  O2 - VEGETARIAN
Passport No.  J 1 1 3 6 9 6 8	Participation Previous Mac 01 02 03 04 05 06 07	cabiot *	POBO	Address (No Street - Apt)	
Profession / Occupation SECRETARY  Hotel **	**		City  J H B  Country  R E P S	A	2 0 0 0 0 Phone No.
Arrival SAA. 256  Airline & Flight No.  **  Departure  Airline & Flight No.	26.06-89 Date  Date	J2.09. Time of Arrival  Time of Departure		To be Completed by Head of Fa	amily  **  **
If Family Members are Athletes or part of Name  Morry Manoin	a Delegation please give details: Sport  Hemo of Delegation	**			**
h. hu	inour				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.

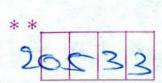
Date



Israel Tel: 03-715733 Fax: 03-772059 92/1

**Entry Form by Name** 







Telex: 33319 MACAB IL.				0
Family Name		First Name	Date of birth Day Month Year F	Sex Food Type *
MANOIM	MONTY		110324	2 - VEGETARIAN
	rticipation At	Add	dress (No Street - Apt)	
	5 06 07 8 9 0 0 0	POBOX	18	
E - D2-1212 **		City	State	Zip
Profession / Occupation EXECUTIVE FRESUENT		JIHB		2000
Profession / Occupation Executive PRESIDENT  **  Hotel **		Country		Phone No.
** 7612		REPS	A	3373000
** 2612  SAA. 256 26.06.89  Airline & Flight No.  Date	Time of Arrival		To be Completed by Head of Famil	ly
**			ACCOMPANIED BY:	**
Departure OPEM		MY WIFE	EUE	20532
Departure Airline & Flight No Date	Time of Departure			**
If Family Members are Athletes or part of a Delegation please give detail	ls: **			**
Name				
	**			**
	**			**
la la ancee	1 7.2 9 1 1 1			29.05.89
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.



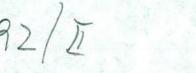


Ramat-Gan 52105

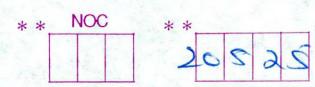
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Tel: 03-715733 Fax: 03-772059

Telex: 33319 MACAB IL.



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Family Name		First Name	Date of birth Day Month Year F	Food Type *
MARCUS	SOLOMON		070422	02 - VEGETARIAN
Passport No.	Participation At Previous Maccabiot *	Addres	s (No Street - Apt)	
C 510842 C 0102	2 03 04 05 06 07 08 09 10 11 12	POBOX	8001	
Town Descent	**	City	State	Zip
Profession / Occupation TEVTILE DESIGNER	**	CAMPS BAY	1	8001
Hotel PLAZA - MORIAHA		Country		Phone No.
** 2612		REPSA		
Arrival SAA 256	26.06.89 12.05			
Airline & Flight No.	Date Time of Arrival	То	be Completed by Head of Family	
2135			ACCOMPANIED BY:	**
Departure ELAL L\511 7135  Airline & Flight No.	3.67.89. 23.00	JEAN	A STATE OF S	**
Airline & Flight No.	Date Time of Departure			
If Family Members are Athletes or part of a Delegation please  Name  Spo				**
Name				**
	**			7.7
	**			**
In In anou				29-05-89.

Signature

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

<sup>\*</sup> Please Circle The Applicable \*\* For Office Use Only



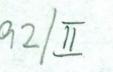
13th Maccabiah Organizing Committee

Kfar Maccabiah Ramat-Gan 52105

Israel

Tel: 03-715733 Fax: 03-772059

Telex: 33319 MACAB IL.



**Entry Form by Name** 

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Family Name		First Name	Date of birth Day Month Year F	ex Food Type * O1 - REGULAR
MARGO	CECILS	TANLE7	100715	M 02 - VEGETARIAN
Passport No. Pr	Participation At evious Maccabiot *	Addres	s (No Street - Apt)	
J00044609 0102030	4 05 06 07 08 09 11 12	16 SEVENT	- H AVENUE	
** TINGE (RET.)		City	State	Zip
Profession / Occupation SUPREME COURT JUDGE (RET.)		LOWERHOU	JGHTON	2186
Hotel MONIAH PLAZA		Country JOHAHNES	BURG	Phone No.
** 2612		SOUTH AFR	212A 728	- 4 2 6 9
Arrival SAA 26. Airline & Flight No. Date	Time of Arrival	То	be Completed by Head of Family	
** 7135			ACCOMPANIED BY:	20520
Departure EL AL LY 5// 13.07.8  Airline & Flight No. Date		WIFE	(MARJORNE)	**
If Family Members are Athletes or part of a Delegation please give of Name  Sport	letails:			**
Twarre	**			**
	**			**
				20 00. 29

Signature

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

Please attach an identity photo to this entry form.

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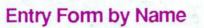




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Tel: 03-715733 Fax: 03-772059

Telex: 33319 MACAB IL.



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Family Name		First Name	Date of birth Day Month Year F	Sex Food Type *
MARGO	MARJORIE		080730 F	
	nticipation At bus Maccabiot *	Addres	ss (No Street - Apt)	
J O O O 4 9 9 7 2 01 02 03 04 0	5 06 07 08 09 10 11 12	16 SEVEN	THAVENUE	
**		City Lower Hou	CHTOH State	Zip
Profession / Occupation HOUSEWIFE **		JOHANNES	BURG	2186
Hotel MORIAH PLAZA		Country		Phone No.
** 2612		SOUTH A FR	14 72	8-4269
Arrival SAA 26.06 Airline & Flight No. Date	Time of Arrival	То	be Completed by Head of Famil	y
** 7135			ACCOMPANIED BY:	**
Departure EL AL LY 5// 13-07 Airline & Flight No. Date	7.89 23.00 Time of Departure			**
If Family Members are Athletes or part of a Delegation please give deta  Name  Sport	ils:			**
	**			**
	**			**
Signature / Man	een-			29.65-89 Date

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

Please attach an identity photo to this entry form.



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

**Entry Form by Name** 

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Telex: 33319	MACAB IL.			V.I.F.
Family Name  MENDELSOHN	BARBARA	First Name	Date of birth Day Month Year  060238	Sex Food Type *  O1 - REGULAR  O2 - VEGETARIAN
Passport No.  5 H B 0 0 2 9 0 2 0 8	Participation At Previous Maccabiot * 01 02 03 04 05 06 07 08 09 10 11 12	POBOX	address (No Street - Apt)	
Profession / Occupation House WIFE  Hotel Morian PLAZA	**	City  C Y R I L D C  Country	State	Zip  2 / 9 8  Phone No.
Arrival SAA Airline & Flight No. **	26.06.89  Date Time of Arrival	REPSA	To be Completed by Head of Family ACCOMPANIED BY:	616 <b>2</b> 930
Departure  Airline & Flight No.  If Family Members are Athletes or part of a Delegation	Date Time of Departure			**
If Family Members are Athletes or part of a Delegation Name  George Newdelsoff Hemo	Sport			**
1. 11.00				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.

Date



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

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**Entry Form by Name** 

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Family Name	First Name  Date of birth Day Month Year  Food Type *  01 - REGULAR
MENDELSOHN GEORG	E X 02 - VEGETARIAN
Passport No.  Passport No.  Previous Maccabiot	Address (No Street - Apt)
J 374392 01 02 03 04 05 06 07 08 69 C	100 P 0 B 0 X 95
Profession/Occupation DIRECTOR SITOE. Company **  Hotel MORIAH PLAZA.	City State Zip  C Y N 1 L D E N E   2 1 9 8
Hotel MORIAH PLAZA.	Country Phone No.
**	REP S A 6162930
Arrival Lift H. 686 m 2 21 June 89  Airline & Flight No.  **  Date  Time of	
Departure TO BE MOVISED	MY WIFE - BARBARA. ** 20518
Departure Airline & Flight No. Date Time of D	eparture
If Family Members are Athletes or part of a Delegation please give details:  Name  Sport  **	**
**	**
**	**
Signature	29.05.89. Date

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\* Please Circle The Applicable

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Profession / Occupation

Arrival

Departure <

Family Name

Passport No.

CTON

Airline & Flight No.

Name

13th Maccabialt Organizing Committee Kfar Maccabiah Ramat-Gan 52105

Participation At

Previous Maccabiot

Date

Sport

Israel

DIRECTOR

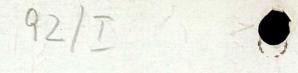
If Family Members are Athletes or part of a Delegation please give details:

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Tel: 03-715733 Fax: 03-772059

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	Entry Form by Name	* * MOC	** 20516 V.
	First Name	Date of birth Day Month Year	Sex Food Type F M X- REGULAR
JEFFRI	EY	150844	X 02 VEGETARI
cipation At s Maccabiot *	A	dress (No Street - Apt)	Coordinates (Coroni, MacComendina Coronina Sub-Abertant) aput suu muutti kouseessun kun toosia suurin kan suu
06 07 08 09 10 1	112 10LAREN	AISSANCE	
ASSAME THE SECTION OF THE COURT	City		ate Zip
	JOHANNE	SBURG	
	Country		Phone No.
- 0	SONTH A	FRICA	7883252
2-1-9			
Time of Am	val .	To be Completed by Head of F	
10-7-8	9	ACCOMPANIED BY:	**
Time of Depa			** icensis conclusions
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CHICHHAI MARIC MAIN FOR HAIR	THE SECURITARY	-	
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			Date

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

Please allach an identity photo to this entry form.

\* Please Circle The Applicable

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Ramat-Gan 52105

Israel

13th Maccabiah Organizing Committee Kfar Maccabiah

Entry Form by Name

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SNYMAN			LETITIA	First Plante	Date of birth Day Month Year 100763	Sex Food Type * F M M REGULAR  C2 VEGETARIAN
TH 6 0 0 2 0 6 6 0		Previous	Maccabiot * 6 07 08 09 10 11 12	10 LA	Address (No Street - Apt)  RENAISSANC	
Profession / Occupation  Hotel HILTON, TEL	A\/I\/	**		JOHANN	IESBURG	ale Zip
	LY 512	7096	2-7-89	SOUTH	AFRICA	7883252
Arrival ELAL Airline & Flight No.	0	Date	Time of Arrival		To be Completed by Head of Francisco ACCOMPANSED BY:	amūy **
Departure ELAC Airline & Right No.	and of a Distance time	Date	Time of Departure			
If Family Members are Athletes or Name	past tal an automorgicalino	Sport	***			
					76	
Letta Signature	1			Monte 1	la caser	Date

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

Please attach an identity photo to this entry form.



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

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Family Name		First Name	Date of birth Day Month Year	Sex Food Type *  On - REGULAR
WEIL	AVIV		051178	X 02 - VEGETARIAN
Passport No.	Participation At Previous Maccabiot *	Add	ress (No Street - Apt)	
J 221252	01 02 03 04 05 06 07 08 09 10 11 12	12 4408	PARK It I L	L RUTH RD
Profession / Occupation Scholar	**	City		ate Zip
Profession / Occupation	**	HYDEPAG	ZK	2196
Hotel MORINY PLAZA		Country		Phone No.
**		REP S A		281028
Arrival EL AL LY 5/2 70 Airline & Flight No.	Date Time of Arrival		To be Completed by Head of F	amily
**			ACCOMPANIED BY:	**
Departure Swigs Ark SR 3337 Airline & Flight No.	Date Time of Departure			**
If Family Members are Athletes or part of a Delegation	please give details:			**
TWITE		A THE STATE OF THE		**
	**			
	**			**
Signature Signature	new			29.05 · 8,
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.

Date



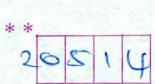
Ramat-Gan 52105

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



**Entry Form by Name** 

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Family Name		First Name	Date of birth Day Month Year F	Sex Food Type *
WEIL	LIVE		271245	X 02 - VEGETARIAN
Passport No. Previous Ma		Addı	ress (No Street - Apt)	
		10 111 19 5	00000	
TA 000A1889 0102030405060	07 08 09 10 11 12	12 HY BE	PARKHILL	RUTH AV.
**		City	State	Zip
Profession / Occupation DIRECTOR Co.		NI VI O O TO DIA		2196
**		HYDE PAK	42	2/70
Hotel MORIAH PLAZA		Country		Phone No.
**		REPSA		301038
7025		REP S A		281028
Arrival ELAL LY512 702.07.89	7 Am.			
Airline & Flight No. Date	Time of Arrival		To be Completed by Head of Fami	
**			ACCOMPANIED BY: JA	00049602
Swiss AIR SR333 70 66.07.89.	7.A5	MY WIFE -	- LIORA 10.07.6	72 20511
Departure	The second secon		- 11 70	**
Airline & Flight No. Date	Time of Departure	My SON -	AVIV 322125	20012
If Family Members are Athletes or part of a Delegation please give details:	**			**
Name	8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
	**	The state of the s		**
	**	T . 1 and 1		**
Signature Mr. Mu cunaeur				29.05.89
Signature				Date
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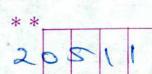
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Please attach an identity photo to this entry form:



**Entry Form by Name** 







Tel: 03-715733 Fax: 03-772059 Telex: 33319 MACAB IL.			2	V.I.P.
Family Name  WEILL	10RA	First Name	Date of birth Day Month Year  100742	Sex Food Type *  M OT REGULAR  02 - VEGETARIAN
Passport No. Participa Previous Ma		Add	dress (No Street - Apt)	
	07 08 09 10 11 12	12 11408	-PARK ITILL	RUTH AU
Profession/Occupation TEACHER  **  Hotel MORIAH PLAZA		City  HYDE PA	State	Zip 2196
**		Country REPS	A	Phone No. 281028
Arrival 2 7 8 9 ELAL LY 512 702 1 189.  Airline & Flight No.  **  Date	Time of Arrival		To be Completed by Head of Famil  ACCOMPANIED BY:	ly **
Departure Swiss AIR SR 333 70606/07/89 Airline & Flight No. Date	7. A5 Time of Departure		ACCOMPANIED DT.	**
If Family Members are Athletes or part of a Delegation please give details:  Name  Sport	**			**
	**			**
	**			
Su Manaen				25.05.89
Signature				Date

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Please attach an identity photo to this entry form.



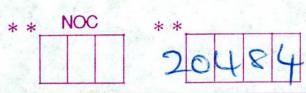
13th Maccabiah Organizing Committee Kfar Maccabiah Ramat-Gan 52105

Israel

Tel: 03-715733 Fax: 03-772059

Telex: 33319 MACAB IL.







Food Type Date of birth Sex First Name **Family Name** Day , Month , Year 01 - REGULAR FJ IAS 02 - VEGETARIAN Participation At Address (No. - Street - Apt) Passport No. **Previous Maccabiot** 02 03 04 05 06 07 08 09 10 11 12 Zip State HOUTEN IFE Profession / Occupation SINGAPOR Phone No. Country OR Arrival KLM KL521 7305 30/6 1630 IHRS
Airline & Flight No. Date Time of Arrival To be Completed by Head of Family ACCOMPANIED BY: Departure KLM KL522 7211 21/7
Airline & Flight No. 1850 HRS NAOMI 17.12.75 S754 06206 **Time of Departure** If Family Members are Athletes or part of a Delegation please give details: Sport Sport ATHETE (00/2000 ATHETE \*

**Entry Form by Name** 

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Date



13th Maccabiah Organizing Committee Kfar Maccabiah Ramat-Gan 52105

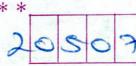
Israel

Tel: 03-715733 Fax: 03-772059

Telex: 33319 MACAB IL.









Food Type Sex Date of birth First Name **Family Name** Day , Month , Year 01 - REGULAR RMA 02 - VEGETARIAN **Participation At** Address (No. - Street - Apt) Passport No. **Previous Maccabiot** 25 OA 6 D 06 07 08 09 10 11 D 02 03 04 05 Zip City State Profession / Occupation I G OR 0 Phone No. Country INGAPO 11.50PM Time of Arrival To be Completed by Head of Family Airline & Flight No. **ACCOMPANIED BY:** \*\* Departure **Time of Departure** If Family Members are Athletes or part of a Delegation please give details: \*\*

**Entry Form by Name** 

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Please attach an identity photo to this entry form.

Date



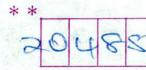
Ramat-Gan 52105

Israel

Tel: 03-715733 Fax: 03-772059







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Telex. 555	19 MACAB IL.				
Family Name	A STATE OF THE STA		First Name	Date of birth Day , Month , Year	Sex Food Type *
SIMON	c	HARLES		1 4 0 9 1 4	01 - REGULAR 02 - VEGETARIAN
Passport No.	Particip Previous M	ation At laccabiot *	Addre	ss (No Street - Apt)	
0836088/2		07 08 09 10 11 12	#18-27 B	ALMURAL	PARK
Care, all	**		City		State Zip
Profession / Occupation CHAIRMAN BO. STAYING AT PRIVATE APARTME	=NT AS UNIXER		SINGAPOR	E 1025	
Hotel DIZENHOFF TOWER, TEL AU			Country		Phone No.
**			SINGAPUR	E	
Arrival ELAL LY016M 7101		1625 HRS			
Airline & Flight No.	Date	Time of Arrival	To	be Completed by Head of	Family
				ACCOMPANIED BY:	**
Departure EL AL LY581M	V -	1000 HRS			**
Airline & Flight No.	Date	Time of Departure			
If Family Members are Athletes or part of a Delegation Name	ion please give details: Sport	**			**
Herric					
		**			**
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Cignoture					Date
Signature					* Please Circle The Applicable

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Please attach an identity photo to this entry form.

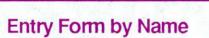
**Entry Form by Name** 



13th Maccabiah Organizing Committee Kfar Maccabiah Ramat-Gan 52105

Israel

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







Family Name			First Name	Date of birth Day Month Year F	Food Type *  M 01) REGULAR
E L JA R R A T H A S S I D		MICHEL		1 4 0 1 5 9	X 02 - VEGETARIAN
Passport No.		ipation At Maccabiot *	Addre	ess (No Street - Apt)	
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Profession / OccupationECHONOMIST	**		City  M A D R I D	State  MADRI	Zip D 2 8 0 3 3
Hotel			Country	Р	hone No.
**			SPAIN	2 0 2 6	5 3 7 5
Arrival IB 888 - Airline & Flight No.	2.7.89 Date	16.45 Time of Arrival	T	o be Completed by Head of Family  ACCOMPANIED BY:	**
DepartureAirline & Flight No.	Date	Time of Departure			**
If Family Members are Athletes or part of a Delegation Name	please give details: Sport	**			**
		**			**
		**			**

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

Please attach an identity photo to this entry form.

Date

13th Marcelini	de Organizing Committee	5	3
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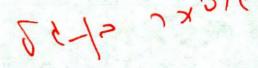
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Ramat-Gan 52105 Israel

Tel: 03-715733 Fax: 03-772059







Telex: 3	3319 MACAB IL.			V.I.P.
Family Name  Q U E R U B C A R O	I S A AC	First Name	Date of birth Day Month Year 2 9 0 2 5 6	Food Type *  M 01 REGULAR  X 02 - VEGETARIAN
Passport No.	Participation At Previous Maccabiot * 01 02 03 04 05 06 07 08 09 10 11 12	Z U R B A R A N	ess (No Street - Apt)	
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Arrival IB - 888  Airline & Flight No.  **	2.7.89 16.45 Date Time of Ar val	S P A I N	o be Completed by Head of Family	1 1 5 6
DepartureAirline & Flight No.	Date Time of Departure		ACCOMPANIED BY:	**
If Family Members are Athletes or part of a Deleg- Name	ation please give stails: Sport			**
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**Entry Form by Name** 

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Date

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- 1

Signature

	Ramet-Gas 52105 Israel Tel: 83-715733 Fax: 63-772959 Teles: 33319 MACAB IL.		try Fosin by Name	HI :	20495
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Please attach am identity photo to this entry form.

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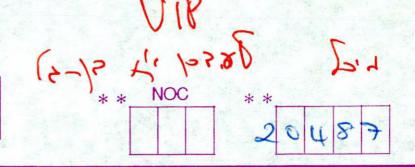


Israel

Tel: 03-715733 Fax: 03-772059

Telex: 33319 MACAB IL.





Family Name		First Name	Date of birth Day Month Year F	Sex Food Type  O1 REGULAR
GLÜCK	AVID		060119	X 02 - VEGETARIA
	pation At Maccabiot *	Addres	ss (No Street - Apt)	
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Profession/Occupation Judge (retired) **  Hotel Kfar Hamaccabiah  **	20 -LJWU	City STOCKHOL/	State	zip 5-1133
	200	Country	08	Phone No 308136
Arrival <u>EL AL LY 376 26 5 26.6</u> Airline & Flight No.  **  Date	Time of Arrival	То	be Completed by Head of Family ACCOMPANIED BY:	y **
Departure Airline & Flight No. Date	Time of Departure			**
If Family Members are Athletes or part of a Delegation please give details:  Name  Sport	**	Service Control of the service of th		** 1 787   **  1 787
	**		הטיפול	

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Ramat-Gan 52105

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**Entry Form by Name** 

Family Name			First Name	Date of birth Day Month Year	Sex Food Type *
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Passport No.	Participation Previous Mac		Addı	ress (No Street - Apt)	
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Profession / Occupation MRS	**		City 5 - 1 7 1 5 8	Sta 5 0 1 1/17	te Zip
Hotel % Schachar Mishmar Hagva ** TFL 41393	7.7.7-AVIV		Country	+,	Phone No.
Arrival  Airline & Flight No.  **	N 18/6-89 Date	73. / 3 2. Time of Arrival	323	To be Completed by Head of Fa	mily
Departure E/- PL NR. 379 Airline & Flight No.	26/7-89 Date	7261 Time of Departure		ACCOMPANIED BY:	**
If Family Members are Athletes or part of a Delegation	on please give details: Sport	**			**
		**			**
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Signature

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Date



**Entry Form by Name** 

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Tel: 03-715733 Fax: 03-772059 Telex: 33319 MACAB IL.				V.I.F
Family Name  GUGGENHEIM  B	ENNY	First Name	Date of birth Day Month Year  0 9 0 5 2 0	Sex Food Type *  O1 - REGULAR  O2 - VEGETARIAN
Passport No. Participa Previous Ma			ERSTR,	
Profession / Occupation <u>FCONOMIC ADVISER</u> **	IMC 20	City  C H - 8 0 0 2	ZURILH	tate Zip
HotelCARLTON **		SwiTZER2	AUDO	Phone No.  1 2 0 1 7 5 7 3
Arrival <u>SWISSAIR</u> <u>SR 332 27/6/89</u> Airline & Flight No.  **  Date	Time of Arrival		be Completed by Head of F	
Departure SWISSAIR SR 333 1407 14 / 7/89 Airline & Flight No. Date	O7, 50 AM Time of Departure	Hu LYDIA GURG	ENHEIM tree end.	2049 (
If Family Members are Athletes or part of a Delegation please give details:  Name  Sport	**			**
	**			**
A Grype in 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. Cellnary market on 5/5/89







VENEZUELA Yecotemus

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13th Maccabiah Organizing Committee Kfar Maccabiah Ramat-Gan 52105

Israel

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Telex: 33319 MACAB IL.









Family Name		tion in the second	First Name	Date of birth Day Month Year	Sex F M	Food Type * 01 - REGULAR
GLIJANSKY	N	ATALIO				02 - VEGETARIAN
Passport No.	Participa Previous M		Address	s (No Street - Apt)		
4 2 9 1 1	01 02 03 04 05 06		A V.P R I N C I	PAL DE L	O S C H	ORROS
Profession / Occupation PRESIDENT HONOR.	**		City QTA. LOS JAZMINES	Sta	s DF	Zip
Hotel MORIAL PLAZA			Country		Phone	No.
**			V E N E Z U E L A	A		
Arrival ALITALIA 290) Airline & Flight No. **	29-06-89 Date	17:10 Time of Arrival	Tot	ne Completed by Head of Fa	mily	
				ACCOMPANIED BY:	*	*
DepartureAirline & Flight No.	Date	Time of Departure			*	*
If Family Members are Athletes or part of a Delegation Name	please give details: Sport	**			*	*
		**			*	*
		**			*	*
					3 (	) ABR 1989

**Entry Form by Name** 

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Date



13th Maccabiah Organizing Committee Kfar Maccabiah Ramat-Gan 52105

Israel

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Food Type \* Date of birth Sex First Name **Family Name** 61 REGULAR Month, Year 1 0 0 9 3 A M R A M OHE N P R Ι E N A E 02 - VEGETARIAN Participation At Address (No. - Street - Apt) Passport No. **Previous Maccabiot** E N O S AIR 01 02 03 04 05 06 07 08 09 10 11 12 U E S AVI AVDA A Zip City State CHEF OF MISSION **Profession / Occupation** + 1010 A D F MORIAH PLAZA Phone No. Country Hotel E N E Z U E L 17:10 746 290 AZ 29-06-89 ALITALIA Arrival To be Completed by Head of Family Time of Arrival Airline & Flight No. **ACCOMPANIED BY:** Departure Time of Departure Date Airline & Flight No. If Family Members are Athletes or part of a Delegation please give details: Sport Name

**Entry Form by Name** 

Date

<sup>\*</sup> Please Circle The Applicable

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Telex: 33319 MACAB IL.

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	y Form	DV	Name





Family Name		First Name	Date of birth Day Month Year	Sex Food Type *
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Passport No.	Participation At Previous Maccabiot *	Addr	ess (No Street - Apt)	
777~071	2 03 04 05 06 07 08 09 10 11 12	LOS CAOB	05	
Profession / Occupation CF/EIACS CEM	**	City	St	ate Zip
Hotel MORIA PLAZA		Country		Phone No.
Arrival A2 - 746 2901	29/6 1710	VENEZUEC	A	
Airline & Flight No.	Date Time of Arrival	I	o be Completed by Head of Fa	amily
			ACCOMPANIED BY:	**
Departure Airline & Flight No.	Date Time of Departure			**
If Family Members are Athletes or part of a Delegation please Name Spo	give details:			**
	**			**
	**			**
After				

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Date



Israel

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

**Entry Form by Name** 

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Family Name  K O E N I G W.	First Name  HERBERT.	Date of birth Day Month Year 2 1 0 9 5 0	Sex Women, Men	Height cm	Weight kg	Food Type *  X 01 - REGULAR  02 - VEGETARIAN  03 - NATURALIST
Passport No.	Participation At Previous Maccabiot *		Address (No	Street - Apt)		
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		City			Zip	
		CARACA	\$/			
		State			Cour	ntry
CHECK ONE BLOCK	PLEASE CHECK APPROPRIATE EVENT(S)			VEN	I E Z U	E L A.

	CHECK ONE BLOCK	
01	CHEF OF MISSION	
02	ASSISTANT CHEF DE MISSION	
03	TEAM OFFICIAL	There are
04	COACH	1
05	ASSISTANT COACH	No. of the
06	DOCTOR	
07	MASSEHR	100
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÷	OFFICIALS C.E.M.	, tag
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PLI	EASE CHECK APP	ROPRI	ATE 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				
				5 4	
7					94,14

(signed)

Captain of the Team

(countersigned)

Chairman of the Team

3 0 ABR 1989

Date

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Telex: 33319 MACAB IL.







Family Name		First Name	Date of birth Day Month Year	Sex Food Type *
G H E L M A N	D I A N N E		1 9 0 7 4 6	X 02 - VEGETARIAN
	cipation At *	Addr	ess (No Street - Apt)	
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Profession / Occupation **		City T H E M I S A	Stat	
Hotel PLAZA MORIAH		Country		Phone No.
**		CARACAS-	VZUELA.	3 1 5 2 2 3
Arrival ALITALIA AZ 746 990 29-06-89  Airline & Flight No.  **  Date	17:10 Time of Arrival	Т	o be Completed by Head of Fan	nily **
Departure	Time of Departure			**
If Family Members are Athletes or part of a Delegation please give details:  Name  DANI AVRAM  TABLE TENNIS	** 329b			**
ELI AVRAM TABLE TENNIS	** 3299			**
	**			**

**Entry Form by Name** 

Signature

Date

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

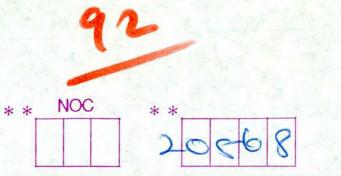
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Family Name		First Name	Date of birth Day Month Year	Sex Food Type *  On - REGULAR
LOBL	N A C H M A N		2 4 1 0 4 1	X 02 - VEGETARIAN
Passport No.	Participation At Previous Maccabiot *	Add	Iress (No Street - Apt)	
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	**	City		State Zip
Profession / Occupation GENERAL SECRETAR	[E **	C A R A C A S	DF	
HotelHOME FAMILY		Country		Phone No.
**		V E N E Z U E	LA	7 4 5 5 1 6
Arrival ALITALIA AZ 746 29  Airline & Flight No.  **	29-06-89		To be Completed by Head of	f Family
			ACCOMPANIED BY:	**
DepartureAirline & Flight No.	Date Time of Departure	and to the		**
If Family Members are Athletes or part of a Delegation Name	n please give details:			**
	**			**
	**			**
Signature				Date  * Please Circle The Applicable

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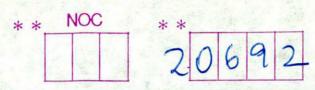


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Telex: 33319 MACAB IL.







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Family Name			First Name	Date of birth Day Month Year F	Food Type *
DRYAČA		MIROGUB		130344	M 02 - VEGETARIAN
Passport No.	Participation At Previous Maccabiot *		Address (No Street - Apt)		
CP412952	01 02 03 04 05 06	6 07 08 09 10 11 12	47LOYRE	BRAZULJEXI	ÉA 36
	** 08		City	State	Zip
Profession / Occupation OCCUPANT IN FA	TORY 00		SUBOTICA	MICOYCOV	A 24000
Hotel			Country		Phone No.
**			YUGOSLAY	1 1 02	4-29713
Arrival ADRIA 1972 Airline & Flight No.	3/7- Date	Time of Arrival	То	be Completed by Head of Famil	ly
**				ACCOMPANIED BY:	**
Departure	The same of the sa				**
Airline & Flight No.	Date	Time of Departure			
If Family Members are Athletes or part of a Delegation Name	please give details: Sport	**			**
	<u>Disk kanin</u>	**			**
		**			**
Muller-					22.06.1989. Date
Signature					Date

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

Please attach an identity photo to this entry form.

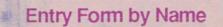
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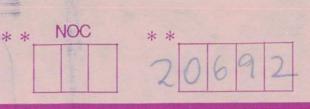


Ramat-Gan 52105

Israel

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







Date

\* Please Circle The Applicable

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Family Name			First Name	Date of birth Day Month Year	Sex Food Type *
DRUAČA	MIRay	UB		130344	02 - VEGETARIAN
Passport No.	Participation At Previous Maccabiot *		Addre	ess (No Street - Apt)	
CP412952	01 02 03 04 05 06 07 08 09 10 1	11 12	47LOVRE	BRACULJEYI	ÉA 36
	** \  \  \  \  \  \	175	" City	Sta	te Zip
Profession / Occupation OCCUPANT IN E	ACTORY UI		SUBOTICA	VOJVODI	44 24000
Hotel		#	Country		Phone No.
**			YUGOSLAY	1 4 0 2	4-29713
Arrival ADRIA 1972 Airline & Flight No.	Date Time of Arr	rival	Т	o be Completed by Head of Far	mily
**		1		ACCOMPANIED BY:	**
		-			**
DepartureAirline & Flight No.	Date Time of Dep	arture			
If Family Members are Athletes or part of a Delegation	n please give details:	-			**
Name	Sport		/		
	**				**
	**			-	**
1 / / /			N. P. C.		22.00.1000

Please attach an identity photo to this entry form.

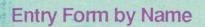
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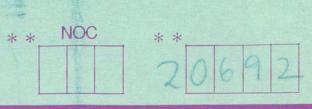
Signature



13th Maccabiah Organizing Committee Kfar Maccabiah Ramat-Gan 52105

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







Family Name			First Name	Date of birth Day Month Year	Sex Food Type *
DR LJ A Č A	MIROGU	3		130344	02 - VEGETARIAN
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 B	BRACUBEVI	ÉA 36
	**	100	* City	Stat	e Zip
Profession / Occupation Occupant IN Excropy **			SUBOTICA	VOJVODIA	14 24000
Hotel			Country		Phone No.
**		· ·	YUGOSLAYI	4 02	4-29713
Arrival ADRIA 1972  Airline & Flight No.  **	Date Time of Arriv	ral ral	To b	e Completed by Head of Fan	nily
				ACCOMPANIED BY:	**
DepartureAirline & Flight No.	Date Time of Depa	rture		7	**
If Family Members are Athletes or part of a Delegation plane	ease give details:				**
	**			**	**
, ,	**				**
1/1/					22.0C. 1989

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

Please attach an identity photo to this entry form.

Date

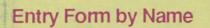


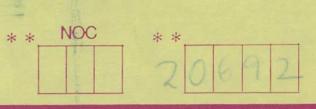
13th Maccabiah Organizing Committee Kfar Maccabiah

Ramat-Gan 52105

Tel: 03-715733 Fax: 03-772059

Telex: 33319 MACAB IL.







Family Name		First Name		Food Type *
DRUACA	MIROYU	8	130344 M	02 - VEGETARIAN
Passport No.	Participation At Previous Maccabiot *	Addr	ess (No Street - Apt)	
CP412952	01 02 03 04 05 06 07 08 09 10 11	12 47 10 ~ 8 5	BEACULIEN I ÉA	36
	**	City	State	Zip
Profession / Occupation	**	SUBOTICA	LAMIGOV COV.	24000
Hotel		Country	Phone	No.
**		YUGOSLAY	1 4 024-28	713
Arrival Airline & Flight No.	Date Time of Arriv	val T	o be Completed by Head of Family	
**			ACCOMPANIED BY: *	*
DepartureAirline & Flight No.	Date Time of Depar	ture	*	*
If Family Members are Athletes or part of a Delegation ple Name	ase give details:		*	*
	**		*	*
	**		*	*
- / A			00,	W 1050

Date

<sup>\*</sup> Please Circle The Applicable \*\* For Office Use Only