

# JEWISH NATIONAL FUND L'CHAIM SOLIDARITY MISSION REGISTRATION FORM



## AUGUST 24 - 28, 2014

(Land Only Mission - see payment section for further details)

### *Please mail or return by fax to:*

IsramWorld, Attn: Missions Department, 90 John Street, Suite #602, New York, NY 10038

Phone: 212.661.1193 x#9700 or 800.223.7460 x#9700 • Fax: 212.983.8497 • Email: jnftravel-missions@isram.com

Please print all information clearly in blue or black ink. (PRINT NAMES AS THEY APPEAR ON PASSPORT)

### PARTICIPANT 1:

Mr. \_\_\_ Mrs. \_\_\_ Ms. \_\_\_ Dr. \_\_\_ Rabbi \_\_\_

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Name as you would like it to appear on name tag \_\_\_\_\_

Passport # \_\_\_\_\_ Expiration Date \_\_\_\_\_ Nationality \_\_\_\_\_ Date of Birth \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (H) \_\_\_\_\_ Phone (W) \_\_\_\_\_ Phone (Cell) \_\_\_\_\_

Fax \_\_\_\_\_ E-mail \_\_\_\_\_

### PARTICIPANT 2:

Mr. \_\_\_ Mrs. \_\_\_ Ms. \_\_\_ Dr. \_\_\_ Rabbi \_\_\_

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Name as you would like it to appear on name tag \_\_\_\_\_

Passport # \_\_\_\_\_ Expiration Date \_\_\_\_\_ Nationality \_\_\_\_\_ Date of Birth \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (H) \_\_\_\_\_ Phone (W) \_\_\_\_\_ Phone (Cell) \_\_\_\_\_

Fax \_\_\_\_\_ E-mail \_\_\_\_\_

**\* PLEASE NOTE: For travel to many destinations, it is required that your passport be valid for at least 6 months past the date of your return.**

### TRAVEL INSURANCE:

I ACCEPT Travel Insurance from IsramWorld and agree to pay \$210 (payment must be submitted along with registration form for the pre-existing condition waiver to apply)

I DECLINE Travel Insurance

### EMERGENCY CONTACT:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (H) \_\_\_\_\_ Phone (W) \_\_\_\_\_ Phone (Cell) \_\_\_\_\_

E-mail \_\_\_\_\_

### MEDICAL INFORMATION:

Do you have any allergies or special medical conditions? \_\_\_\_\_

### ADDITIONAL INFORMATION:

Do you have any special dietary restrictions? \_\_\_\_\_

### TRAVEL ARRANGEMENTS:

This is a land only mission. Flights are not included but may be arranged upon request. For assistance with flights, please contact IsramWorld at 212.661.1193 x#9700 or 800.223.7460 x#9700.

Please select all that apply:

I/We need assistance with international flight arrangements.

I/We do not need assistance with international flights.

Please provide us with your flight details (date, time, airline, etc):

Arrival Flight into Israel \_\_\_\_\_

Return Flight to the USA \_\_\_\_\_

I/We need assistance with additional travel arrangements before or after the mission.

Please explain \_\_\_\_\_

### HOTELS:

Single Room (additional charge - see payment section for details)

I will room with \_\_\_\_\_

PLEASE INCLUDE A PHOTO COPY OF YOUR PASSPORT.

**PAYMENT:**

*This mission is open to all contributors to JNF's Emergency Campaign*

**Land Only (based on double occupancy): \$900**

**Single Supplement: \$400**

*Full payment deposit due at time of registration*

*Please note that cancellations may result in land and/or air penalties. For any additional travel arrangements, you will be charged in full before the scheduled date of departure. All charges to your credit card will appear as IsramWorld.*

Please reserve \_\_\_\_ space(s). Full payment of \$\_\_\_\_\_ is enclosed (\$900 minimum per person plus optional insurance and/or single supplement)

\_\_\_\_ Check Enclosed. Checks made payable to IsramWorld

\_\_\_\_ Credit Card: \_\_\_\_ Visa \_\_\_\_ Mastercard \_\_\_\_ AMEX

Credit Card number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Name on card \_\_\_\_\_ Signature \_\_\_\_\_

**Credit Card Authorization:** I authorize IsramWorld to charge the credit card provided above. I understand that this payment is necessary in order to reserve airline seats and hotel accommodations. I further recognize that this payment is for services (i.e. airfare and hotels) and not charitable contributions.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**For more information call toll-free 877.563.8687 or email [travel@jnf.org](mailto:travel@jnf.org).**

**Cancellation Policy:** Cancellation Penalties Prior to Departure - Per Person. All cancellations must be received in writing: Cancellations up to 120 days - no penalties (not including international flights booked separately). Cancellations up to 90 days - \$100.00 per person processing fee. From 90-61 days - \$250.00 per person will be assessed + any other cancellation fees levied by our land suppliers/airlines.\* From 60-31 days - \$400.00 per person will be assessed + any other cancellation fees levied by our land suppliers/airlines.\* From 30-16 day - \$750.00 per person will be assessed + any other cancellation fees levied by our land suppliers/airlines.\* Cancellations received less than 15 days prior to departure are non-refundable. There will be no refunds for unused services. Trip cancellation insurance is highly recommended and available for an additional cost. If insurance is purchased within 7 days of making your initial deposit, pre-existing conditions will be waived. \*All airline tickets issued in conjunction with this tour are subject to air penalties per individual carrier's rules and regulations which will be applied.

**Security:** I affirm that my participation in this mission is voluntary and that I am aware of the risks related with traveling overseas, including risks associated with my safety and security. I agree to abide by the security directives issued by JNF during the course of the mission. I understand that should I travel outside the parameters and/or location of the mission, I do so at my own risk and thus release JNF of any obligation or responsibility for my safety and security. In addition, I hereby release JNF and any of its trustees, officers, agents, partners, joint venturers and employees from any claims, which may accordingly arise during the course of the mission.

**Medical Condition:** Mission program requires participants to be in stable and good physical and mental health, confident in their ability to undertake all activities reflected in the mission itinerary. Due to safety issues, it is requested that physical disabilities of any kind be advised at the time of registration. It is understood that participants requiring special attention or treatment will be traveling with a companion. As our missions usually involve walking on unleveled terrain, wheelchair participants or those with physical limitations would not benefit from this program due to the special pace required to complete the activities set for each day.

**Code of Conduct:** JNF reserves the right to dismiss any participant should their behavior conflict with the code of conduct required during a JNF mission. I agree to abide by the code of conduct set forth by the JNF staff member for the course of the mission. **Photography Release:** I hereby grant permission, without reservation; to IsramWorld to take and to use photographs and/or sound/image recordings of me, and to use the same for the promotion of marketing, public education and/or fundraising and other related activities of JNF. I waive any right to inspect or approve the photograph(s) and/or sound/image recordings. I release JNF, its officers, trustees, agents, employees, independent contractors, partners, joint venturers, licensees and assignees (including photographers), from all claims that I may have or might have, for any cause of action arising from the taking and/or use of the photographs and/or any sound/image recordings, and/or description of the same. In addition, I waive any right to a copyright of the aforementioned photos and/or sound/image recordings.

By signing below, I affirm that all the medical information I have provided on this application is true and accurate. I also hereby affirm, having read the above, that I am in sufficient health to participate in this mission and that to the best of my knowledge I do not have any medical condition which would inhibit or prevent my full participation.

Signature \_\_\_\_\_ Date \_\_\_\_\_