

# Jewish National Fund

BLUE PRINT NEGEV 2020 - CENTRAL ARAVA STEERING COMMITTEE MISSION

## Registration Form



## FEBRUARY 27 - MARCH 3, 2011

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

Mission Chair: **Rebecca Fischer** • Mission Professional: **Colonel (res.) Sharon Davidovich**

*Please mail or fax back to:*

**JNF Travel and Tours, 1511 Walnut Street, Philadelphia, PA 19102**

Phone: (877) JNF TOUR Fax: (215) 568-0696 Email: [travel@jnf.org](mailto:travel@jnf.org)

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

### APPLICANT:

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

First \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_ Nickname \_\_\_\_\_

PASSPORT #\* \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_ PLACE ISSUED \_\_\_\_\_

NATIONALITY \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ BIRTHPLACE \_\_\_\_\_

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

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

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

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

### PASSENGER 2:

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

First \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_ Nickname \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_

PASSPORT #\* \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_ PLACE ISSUED \_\_\_\_\_

NATIONALITY \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ BIRTHPLACE \_\_\_\_\_

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

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

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

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



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



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NATIONAL FUND  
[www.jnf.org](http://www.jnf.org)

**PASSENGER 3:**

Mr.\_\_\_\_ Mrs.\_\_\_\_ Ms.\_\_\_\_ Dr.\_\_\_\_ Rabbi\_\_\_\_  
 First \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_ Nickname \_\_\_\_\_  
 Relationship to Applicant \_\_\_\_\_  
 PASSPORT #\* \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_ PLACE ISSUED \_\_\_\_\_  
 NATIONALITY \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ BIRTHPLACE \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone (H) \_\_\_\_\_ Phone (W) \_\_\_\_\_ Phone (Cell) \_\_\_\_\_  
 Fax \_\_\_\_\_ E-mail \_\_\_\_\_

**PASSENGER 4:**

Mr.\_\_\_\_ Mrs.\_\_\_\_ Ms.\_\_\_\_ Dr.\_\_\_\_ Rabbi\_\_\_\_  
 First \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_ Nickname \_\_\_\_\_  
 Relationship to Applicant \_\_\_\_\_  
 PASSPORT #\* \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_ PLACE ISSUED \_\_\_\_\_  
 NATIONALITY \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ BIRTHPLACE \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone (H) \_\_\_\_\_ Phone (W) \_\_\_\_\_ Phone (Cell) \_\_\_\_\_  
 Fax \_\_\_\_\_ E-mail \_\_\_\_\_

*(Please list additional passengers on a separate sheet of paper and include with application.)*

**TRAVEL INSURANCE:**

JNF strongly recommends that each participant purchase travel insurance which provides for reimbursement for trip delay/missed connections, sickness, medical expenses, accidental medical expenses, lost baggage/personal effects, baggage delays, etc. For more information, please visit [www.giltravel.com](http://www.giltravel.com)

**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 restriction? \_\_\_\_\_  
 \_\_\_\_\_

**TRAVEL ARRANGEMENTS:**

This is a land only mission. Flights to Israel are not included or arranged, unless specifically requested\*  
 If you would like assistance with your pre-Mission travel, or with extensions please see below.

\_\_\_ I / We will need assistance from JNF Travel & Tours in making international flight arrangements  
 Departure Date \_\_\_\_\_ From (nearest city) \_\_\_\_\_ Return Date \_\_\_\_\_ From (nearest city) \_\_\_\_\_

\_\_\_ I / We wish to extend our stay\*

\*Please advise us what dates, cities and hotels you require. We will research your request and contact you with details (additional charges may apply).

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

**HOTEL:**

\_\_\_ Smoking \_\_\_ Non Smoking

\_\_\_ Single Room (*additional charges apply*) \_\_\_ Please try to assign me a roommate (*if a roommate is not available you will be responsible for single supplement*)

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

**PLEASE INCLUDE A PHOTO COPY OF YOUR PASSPORT.**

**PAYMENT:**

**Land only cost is \$1,825**

(International flights are not included but may be arranged upon request. Please contact JNF Travel & Tours for more details.)

Single supplement: \$250

Please call 877-JNF-TOUR and ask a JNF representative for more information

Please Reserve \_\_\_\_\_ space(s). A deposit of \$ \_\_\_\_\_ (\$500 per person minimum deposit is required).

**PLEASE NOTE THAT CANCELLATIONS MAY RESULT IN LAND AND/OR AIR PENALTIES.**

You will be charged in full sixty days before the scheduled date of departure. All charges to your credit card will appear as JNF Travel & Tours. There is a 3% service charge for all payments made by credit card. Please note that gratuities are included in the price of the mission.

Checks made payable to *JNF Travel and Tours*. \_\_\_ Check enclosed

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

Name on Card \_\_\_\_\_ Expiration Date \_\_\_\_\_ Signature \_\_\_\_\_

**Credit Card Authorization:** I authorize JNF Travel & Tours 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 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 14 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 and employees from any claims, which may accordingly arise during the course of the mission.

**Medical Condition:** JNF reserves the right to reject any applicant on the grounds of health. By signing below, I affirm that all the medical information I have provided on this application is true and accurate. I also hereby affirm 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. Should I require attention for any pre-existing medical condition during the course of the mission, I understand that any corresponding expenses or financial obligations incurred will be my sole responsibility and not that of Jewish National Fund.

**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 Jewish National Fund 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, 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 information I have provided on this application is accurate. In addition, I affirm that I have read the above statements and agree to the provisions and conditions described therein. Any provision that is not considered enforceable shall not affect the remainder of the contract.

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

*For Office Use Only:*

VIS# \_\_\_\_\_ GHL: H S G P C W Other \_\_\_\_\_

Project Information: \_\_\_\_\_

Additional \_\_\_\_\_