

JEWISH NATIONAL FUND SUNSHINE TOUR - FOR AGES 55+ REGISTRATION FORM



MAY 29 - JUNE 7, 2016

For active adults 55+

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

Mission Chairs: Hal Linden & Dr. Melinda Wolf

Mission Professionals: Matt Bernstein & Judy Feig

Please mail or return by fax to:

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

Fax: 212.608.1681 • Email: jnftravel-missions@isram.com

IsramWorld works in cooperation with JNF Travel & Tours

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.

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? _____
Are you able to walk for at least 30 minutes? ____ Yes ____ No
Are you able to get on and off a tour bus on your own? ____ Yes ____ No

ADDITIONAL INFORMATION:

Do you have any special dietary restrictions? _____

How did you find out about this mission? _____

TRAVEL ARRANGEMENTS:

This is a land only mission. Flights are not included but may be arranged upon request. For assistance with flights and any other pre- or post-mission services, please contact IsramWorld at 888-303-6563.

Medical Insurance is included in the land price, details of which will be sent upon registration. Travel Insurance is included in the land price, provided that air is booked through JNF Travel/Isram.

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 _____

_____ I/We will participate in the optional day tour to Masada / Dead Sea (additional charge. See payment section for details).

HOTELS:

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

_____ I will room with _____

PLEASE INCLUDE A PHOTO COPY OF YOUR PASSPORT.

PAYMENT:

Land Only (based on double occupancy): \$4,995

Single Supplement: \$1,695

Optional Day Tour to Masada & the Dead Sea: \$135

Please reserve ____ space(s). A deposit of \$_____ is enclosed (\$500 minimum per person)

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

Please note that cancellations may result in land and/or air penalties.

You will be charged in full 60 days before the scheduled date of departure. All charges to your credit card will appear as IsramWorld.

____ 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 general information about JNF missions, please call toll-free 877.563.8687 or email 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.

The Travel Protection Plan included in this Sunshine Mission program protects your travel investment if your Trip is canceled for a covered reason such as injury, illness or death of you, a Family Member, a Traveling Companion, a Business Partner, or due to a Terrorist Incident. If you cancel for a covered reason, you will be reimbursed for the amount of unused-nonrefundable Prepaid Payments or deposits you paid for your Travel Arrangements. Complete details of the plan has been forwarded to you.

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: 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 required 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 unlevelled terrain, and due to safety issues, it is requested that applicants make us aware of any conditions that may impede their involvement at the time of registration.

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, 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 _____