

Jewish National Fund

Taste Israel Tour

R E G I S T R A T I O N F O R M

March 11 - 19, 2009

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

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

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 _____

PASSPORT #* _____ EXPIRATION DATE _____ PLACE ISSUED _____

NATIONALITY _____ DATE OF BIRTH _____ BIRTHPLACE _____

Mailing Address _____

City _____ State _____ Zip _____

Phone (H) _____ Phone (W) _____ Phone (Cell) _____

Fax _____ E-mail _____

Applicant 2:

Mr. _____ Mrs. _____ Ms. _____ Dr. _____ Rabbi _____

First _____ Middle Name _____ Last Name _____

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.



JNF, for
ISRAEL
forever.
1-888-JNF-0099

Travel Insurance:

JNF Travel and Tours 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

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? _____

Do you have any special dietary restriction? _____

Travel Arrangements:

This is a land trip only. Flights to Israel are not included or arranged, unless specifically requested*

___ I will arrange my own flight arrangements.

If making own arrangements, please let us know your flight information so we can prepare for your arrival and departure.

Departure from USA or Canada

Date _____ Airline _____ Flight Number _____ Arrival Time(in Israel) _____

Date _____ Airline _____ Flight Number _____ Arrival Time(from Israel) _____

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).

Frequent Flyer # (please specify the airline) _____

Matmid # (For El Al Only) _____

Special Airline Requests:

Can be requested but not guaranteed (meals, seats, etc.) ___ Window ___ Aisle ___ Upgrade to Business Class (Round Trip Only)

Special Diet _____



Hotel:

Smoking Non Smoking
 Single Room
 I will room with _____

PLEASE INCLUDE A PHOTO COPY OF YOUR PASSPORT.

Price:

Land only price: \$2,850 (based on double occupancy)

Single supplement: \$865

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 PENALTIES, WHICH VARY WITH EACH MISSION.

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. Fuel surcharge and airport tax are not included. These charges vary and usually range from \$200-\$300. The final charge will be assessed upon date of payment. 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.

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: This tour is designed for active participants as there is hiking, walking on uneven surfaces, climbing steps and getting on and off a bus unaided. 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 to JNF Travel & Tours/ Gil Travel/ Interactive Tours to use photographs for the promotions - marketing, public education and fundraising and other related activities of JNF.

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 _____