

Mission to Israel

Celebrate Yom Ha'atzmaut in Israel! April 15-25 2007

Co-Chairs: Larry Vinegar & Marcy Schwartzman
REGISTRATION FORM (one per person)
April 15 – 25, 2007 \$4,100/person

Family Name _____ First Name _____
(as per passport) (as per passport)

Mailing Address _____

City _____ Province _____ Postal Code _____

Home Phone # () _____ Business Phone # () _____ Fax # () _____

E-mail: _____ Birth date _____

Citizenship _____ Passport # _____ Expiry Date _____

Business/Profession _____ Role in Community/Campaign _____

Previous visits to Israel Yes No How many times? _____ Last visit was _____

Prior Federation/CJA Mission Yes No If Yes, when? _____

Do you have family or friends in Israel? Yes No

If not, would you like to get connected to a family in Israel? Yes No

IN CASE OF EMERGENCY, CONTACT:

Name _____ Relationship _____

Home Phone # () _____ Business Phone # () _____

TRAVEL INFORMATION:

Double – I will be rooming with _____ or Double – I would like to find a roommate

Single (single supplement - \$800)

Smoker

I will be departing Israel with the Mission or I will extend my trip in Israel until _____

I am interested in EL AL Business Class airfare (*limited seats available-additional cost of \$3,500 return*)

***You are urged to purchase travel/cancellation/medical insurance (can be done through Absolute Travel)**

Pre/Post-Mission Extensions are to be made through Neal Chark at Absolute Travel:

Tel: (604) 661-7800 E-mail: nealc@absolutetravel.ca Fax: (604) 689-1170

SPECIAL NEEDS/MEAL REQUESTS:

Shabbat observant Vegetarian Special dietary requirements _____

Special medical information _____

COST: \$4,100 per person

INCLUDES: Round Trip airfare from Vancouver, land costs, most meals, gratuities and all applicable airport taxes.

PAYMENT: Please enclose a deposit of \$500 per person with this application which is non-refundable after March 15, 2007. Payment in full is due by March 15, 2007. (If canceling after March 15, we will refund your payment minus the deposit).

Enclosed is a cheque in the amount of \$ _____ made out to Jewish Federation of Greater Vancouver

VISA # _____ or MasterCard # _____

Expiry date _____

I hereby authorize CJA Jewish Federation of Greater Vancouver to debit my above-mentioned credit card for the amount of \$ _____

Cardholder/Applicant signature _____

AGREEMENT FOR PARTICIPATION & RELEASE WAIVER MUST BE SIGNED IN ORDER TO PARTICIPATE

RELEASE WAIVER

I understand that in order to participate in this mission, I must make a minimum contribution of **\$500 per person** to the 2007 CJA Campaign. I release Jewish Federation of Greater Vancouver /Combined Jewish Appeal, UJA Federations Canada their Officers, Directors and employees from any liability of any nature whatsoever arising from/or in connection with this mission.

Signature: _____ Date: _____

Please print name: _____

Please forward this completed application form to:

Jewish Federation of Greater Vancouver
Yom Ha'atzmaut Mission to Israel 2007
Attn: Gaenor Vaida

200 – 950 West 41st Street
Vancouver, British Columbia
V5Z 2N7

Phone: (604-257-5100

Fax: (604) 257-5110

gvaida@jfgv.com