



**Volunteer Mission to Israel
January 27 – February 2, 2020**

REGISTRATION due October 31, 2019

PERSONAL DATA

List first, middle, and last names exactly as they appear on your passport. Passport must be valid for six months past the return date of the mission.

First _____ Middle _____ Last _____

Address _____

City _____ State _____ Zip _____

Email Address _____ Home Phone _____

Mobile Phone _____ Business Phone _____

Passport # _____ Country of Issue _____

Issue Date (MM/DD/YYYY) _____ Expiration Date (MM/DD/YYYY) _____

Place of Birth _____ Date of Birth (MM/DD/YYYY) _____

Emergency contact _____

Contact Relationship _____ Phone: Daytime _____ Evening _____

Dietary needs

Vegetarian Vegan Sugar-free Salt-free Gluten-free Kosher

Other _____

Restrictions that could affect full participation _____

Mobility issues, such as difficulty with stairs or distances _____

Allergies (including food) _____

Medications _____

Remarks _____

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RATES

Mission excludes airfare to and from the U.S. Space is limited and registration forms are accepted on a first-come, first-served basis. Includes one night in Tel Aviv, two nights in Nahariya, and three nights in Jerusalem in deluxe hotels; group airport transfers in Israel; tour guide; all programs; most meals; taxes; and tips

Double occupancy rate \$3,599* per person

(If applicable) My roommate is _____

Single occupancy rate \$3,599 + \$990 single supplement = \$4,589* per person

\$500 per person deposit guarantees a place on the trip, and is **refundable through October 31, 2019.**

Charge \$500 per person deposit to my credit card upon receipt of this form.

My \$500 deposit check per person is enclosed.

Mission balance is **\$3,099 per person** for double occupancy or **\$4,089 per person** for single occupancy.
Payment due in full by December 31, 2019.

Charge the full balance to my credit card on **December 31.**

Charge 50% of the balance to my credit card on **October 31**, and 50% of the balance on **December 31.**

I will pay the full balance by check by **December 31.**

I will pay 50% of the balance by check by **October 31**, and 50% of the balance by **December 31.**

Please make checks payable to Jewish Federation of Northern New Jersey, with "Volunteer Mission to Israel 2020" in the memo line.

If paying by credit card, please complete the information below or call Jane Sherwood at 201-820-3962.

I'd like to help cover credit card processing costs. Add 3.3% to all of my credit card transactions for this Mission.

Card Type _____

Name on Card _____

Card Number _____

Expiration Date _____ CVV number _____

***Please initial below** to indicate that you understand and agree to the following policies:

____ \$500 deposit is refundable through October 31. Mission balance is refundable through December 31. No refunds can be made after December 31.

____ Rate is based on minimum of 20 participants; cost will be adjusted for fewer participants.

____ If Mission is cancelled due to insufficient interest, payment will be fully refunded.

____ Federation will attempt to find roommates upon request. If we are unsuccessful, participant will pay the single supplement charge.

____ Volunteer Mission to Israel is open to donors who make/have made a \$500 per person minimum gift to the 2020 Annual Campaign of the Jewish Federation of Northern New Jersey, **payable through December 31, 2020.** This donation is in addition to the cost of the Mission, and is fully tax deductible.

____ A copy of the signature/photo page of your **passport**; and 100-word **biography** including where you live, family, job, volunteering, and hobbies is required with this registration form.

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AIR TRAVEL

Mission does not include flights. You may purchase flights on your own or through Mamalaya Travel (\$75 processing fee per person). Email David@mamalayatrael.com or call 412-417-7417 Group airport transfers in Israel are included for those who take the preferred flights listed below:

United 84	26 JAN	Newark - Tel Aviv	4:25 PM/9:35 AM (27 JAN)
United 91	2 FEB	Tel Aviv - Newark	11:10 PM/4:30 AM (3 FEB)
or			
EI AI 2	26 JAN	JFK - Tel Aviv	4:50 PM/10:10 AM (27 JAN)
EI AI 1	3 FEB (after midnight)	Tel Aviv - JFK	12:30 AM/5:50 AM

My flights are as follows (please include airline, flight number, date, city, and time):

INSURANCE

We highly recommend trip cancellation insurance. Below please find travel insurance options recommended by The Jewish Federations of North America:

Travel Guard: www.travelguard.com: 800-826-4919

Travelex Insurance: www.travelexinsurance.com: 800-228-9792

Travel Insurance Services: www.travelinsure.com: 800-937-1387

InsureMy Trip: www.insuremytrip.com: 800-487-4722

PHOTO/IMAGE RELEASE

I hereby grant permission, without reservation, to Jewish Federation of Northern New Jersey, and those authorized by Jewish Federation, to take photographs and to make recordings of me and to use them in original or modified form in all media now or hereafter known, with or without names or any information about me, for the promotion, public education, and/or fundraising activities of the Jewish Federation. I understand and agree that I am not entitled to any compensation for the above.

I hold harmless, release and forever discharge Jewish Federation, its officers, directors, agents, employees, independent contractors, licensees and assignees from all claims, demands, and causes of action that I, my heirs, representatives, executors, administrators or other persons acting on my behalf or on behalf of my estate, now have or in the future may have, relating to the above.

I agree that Jewish Federation will be the sole owner of all tangible and intangible rights in all photographs and recordings, with full power of disposition.

Print Name _____

Signature _____ Date _____

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RELEASE OF LIABILITY FOR DEATH, PERSONAL INJURY AND PROPERTY DAMAGE MISSIONS - ISRAEL AND WORLDWIDE

I am aware of the risks of travel to, from and within Israel and countries worldwide including risks associated with my safety and security. These risks include, but are not limited to, property damage and loss, death and injury by accident, disease, or terrorist act. I am voluntarily participating in the Mission sponsored by the Jewish Federation of Northern New Jersey (“Jewish Federation”) with a full understanding of these risks, and I assume and agree to accept those and all other risks to my safety and security during the course of my participation in the Mission.

I have read, or have had the opportunity to read, the current United States Department of State’s Travel Warning for Israel, The West Bank, and Gaza, found at <https://travel.state.gov/content/passports/en/alertswarnings/israel-travel-warning.html>. I understand that, in advance of the Mission, I may periodically check the State Department’s website, <http://www.travel.state.gov>, to see if the Travel Warning has been superseded by a new Travel Warning.

I have read, or have had the opportunity to read, the current United States Department of State’s Worldwide Caution, <https://travel.state.gov/content/passports/en/alertswarnings/worldwide-caution.html>. I understand that, in advance of the Mission, I may periodically check the State Department’s website, found at <http://www.travel.state.gov>, to see if the Travel Warning has been superseded by a new Travel Warning.

I acknowledge and affirm that, notwithstanding any security arrangements that may be made by Jewish Federation, Jewish Federation does not, and cannot, guarantee and is not responsible for the safety of my person or property during the Mission or any Mission-related activities, including, but not limited to, airline travel, ground transportation, meals, lodging, recreational activities or “free time” activities.

In light of the above alerts and circumstances and in consideration of my being permitted to participate in the Mission, I do, for myself, my spouse, heirs, executors, administrators and assigns, release and forever discharge Jewish Federation, as well as its respective subsidiaries, members, affiliates, predecessors, successors and assigns, and all of their respective past, present and future officers, directors, shareholders, members, employees, agents, and contractors, and their respective heirs, executors, administrators and assigns (each singularly, a “Releasee” and, collectively, the “Releasees”), of and from any and every claim against any Releasee or Releasees, arising from or by reason of any bodily injury, personal injuries (including emotional trauma), death, or property damage resulting or alleged to result from any accident, incident, or other episode or cause, whether known or unknown, that may occur during or as a result of my participation in the Mission, whether based upon the negligence of, or breach of contract by, any Releasee or any other party for whose acts or omissions any Releasee or Releasees may be responsible under any applicable legal principle.

This release contains the entire agreement between you and Jewish Federation and supersedes any prior or contemporaneous agreements, understandings, and negotiations regarding the Mission. This release shall be interpreted and enforced in accordance with the laws of the State of New Jersey without regard to its conflict of law rules, and shall be construed as broadly and inclusively as permitted by such laws. If any provision of this release is held invalid by any court of competent jurisdiction, in such event, the balance of this release shall continue in full force and effect and be enforced as if the invalid portion were not contained in this release.

I have carefully read this release, understand its contents and acknowledge that this is a release of liability and such is a binding and fully enforceable contract between me, on one hand, and the Jewish Federation and all Releasees, on the other hand.

Having consulted, or having had the opportunity to consult, my own counsel as to the meaning and legal effect of this release, I have voluntarily signed this release on the date noted below.

Print Name _____

Signature _____ Date _____

**A copy of the signature/photo page of your passport;
100-word biography including where you live, family, job, volunteering, and hobbies;
and \$500 deposit per person is required with this registration form.**

Mail

Jane Sherwood, Missions Associate
Jewish Federation of Northern New Jersey
50 Eisenhower Drive
Paramus, NJ 07652

Email

JaneS@jfnnj.org

Fax

201-488-1507

Questions? Please contact Jane Sherwood, Missions Associate, at 201-820-3962.