

JNF CANADA - ADATH ISRAEL MISSION TO ISRAEL

May 13-22, 2024 | Registration Form

To be completed by each individual (PLEASE PRINT)

Family Name	ly NameFirst Name		
Name as appears on Passpo	ort (PLEASE PRINT):		
Address:	City:	Province:	Postal Code:
Home Phone: ()	Cell: ()		
Date of Birth:	Occupation:		
Passport Country:	Number:	Expiry:	
·			dd/mm/yyyy
required.	onths past return to Canada (
Emergency Contact: Name		_Phone: ()	
Price: \$4,999 U.S. Lai not include airfare.	nd only, double occupancy, S	ingle supplement: \$1,7	725 Price does
Please "X" the appro	priate Boxes:		
Land only Package	e - (double occupancy) sharir	ng with:	
Single Supplemen Tips \$150 USD	t - additional \$1,725 USD		
	s my responsibility to arranged in Israel, transfers to/from t	_	
money order or credit card. W am responsible to take out a fo	\$1,200.00 USD payable to the Jewish Nen paying by credit card, I understand tull comprehensive insurance package ant of the mission by March 1, 2024.	hat a 2.6% administration cha	rge will apply. I understand that I
Payment - \$1,200 USD depo	osit required with registration		
Cheque on U.S. dollar a the Jewish National Fu	account or bank draft (Payabl nd of Canada)		astercard licate if US dollar credit card)
Credit Card #:		Expiry:	
	gnature:		
Registration form and depo	osit should be sent to the Tor	onto Office, 1120 Finc	h Ave W #400,

North York, ON, M3J 3H7. Phone: (416) 638-7200, jeff.springer@jnf.ca