

JNF CANADA - FUTURE MISSION TO ISRAEL 2024

November 18 - 25 | Registration Form

To be completed by each individual (PLEASE PRINT)

Family Name:	First Name:		
Name as appears on Passport (Pl	LEASE PRINT):		
Address:	City:	Province:	Postal Code:
Home Phone: (<u>)</u>	_Cell: <u>(</u>)		
Date of Birth:dd/mm/yyyy	Occupation:		
Passport Country:	Number:	Expiry:	dd/mm/yyyy
·	past return to Canada (i.e May 25		•
Emergency Contact:		Dhana ()	
uli Name.		FHOHE. (
Please "X" the appropriate Land only Package – Single Supplem Tips \$150 USD I understand to	, double occupancy, Single suppleme e Boxes: - (double occupancy) sharing with: nent - additional \$1,000 USD that it is my responsibility to arrangensfers to/from the airport are my responsibility	ge my own flights to and from	
paying by credit card, I understand t package and complete an insurance	yment payable to the Jewish National Fund of Ohat a 2.6% administration charge will apply. I ure waiver which JNF will provide. I will submit the	nderstand that I am responsible to take on the education amount of payment of the m	out a full comprehensive insurance
	Donation required with registration unt or bank draft (Payable to the J	lewish Uisa Ma	nstercard ate if US dollar credit card)
Credit Card #:		Expiry:	<u> </u>
Date:Sig	nature:		

Registration form and deposit should be sent to the Toronto Office, 400-1120 Finch Ave. West, North York, ON, M3J 3H7. Phone: (416) 638-7200, melanie.kushner@jnf.ca