

JNF CANADA - SOLIDARITY MISSION TO ISRAEL

September 15-19, 2024 | Registration Form

To be completed by each individual (PLEASE PRINT)

Family Name	Firs	t Name	
Name as appears on Passpor	t (PLEASE PRINT):		
Address:	City:	Province:	Postal Code:
Home Phone: ()	Cell: ()	
Date of Birth:	Occupation:_	-	
Passport Country:	Number:	Expiry:	dd/mm/yyyy
Passport must be valid 6 mo required.	nths past return to Canada	(i.e March 19, 2025) A	copy of photo page is
Email:			
Emergency Contact: Name_		Phone: ()	
Price: \$3,199 U.S. Land not include airfare.	only, double occupancy, S	iingle supplement: \$92	5. Price does
Please "X" the approp	riate Boxes:		
Land only Package	- (double occupancy) shar	ing with:	
Single Supplement	- additional \$925 USD		
	my responsibility to arrang in Israel, transfers to/from		
money order or credit card. Whe am responsible to take out a full	1,200.00 USD payable to the Jewish len paying by credit card, I understand comprehensive insurance package a of the mission by August 1, 2024.	that a 2.6% administration cha	arge will apply. I understand that I
Payment - \$1,200 USD depos	sit required with registratio	n	
Cheque on U.S. dollar ac the Jewish National Fun	count or bank draft (Payak d of Canada)		astercard dicate if US dollar credit card)
Credit Card #:		_Expiry:	
Date:Sig	nature:		
Registration form and depos			

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