



# JNF CANADA - NATIONAL SOLIDARITY MISSION TO ISRAEL

## February 16-20, 2025 | Registration Form

To be completed by each individual (PLEASE PRINT)

Family Name \_\_\_\_\_ First Name \_\_\_\_\_

Name as appears on Passport (PLEASE PRINT): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Occupation: \_\_\_\_\_  
dd/mm/yyyy

Passport Country: \_\_\_\_\_ Number: \_\_\_\_\_ Expiry: \_\_\_\_\_  
dd/mm/yyyy

Passport must be valid 6 months past return to Canada (i.e August 20, 2025) **A copy of photo page is required.**

Email: \_\_\_\_\_

Emergency Contact: Name \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

**Price: \$2,775 U.S. Land only, double occupancy. Single supplement: \$525. Price does not include airfare. Optional Extension Feb. 21 to 23 is \$1,465 US. Single supplement is \$450.**

**Please "X" the appropriate boxes:**

- Main mission only (double occupancy) sharing with: \_\_\_\_\_
  - Main mission single supplement - additional \$525
- Extension mission (double occupancy) sharing with: \_\_\_\_\_
  - Extension mission single supplement - additional \$450

**I understand that it is my responsibility to arrange my own flights to and from Tel Aviv. Transfers to/from the airport are my responsibility.**

I herewith enclose my deposit \$1,200.00 USD payable to the Jewish National Fund of Canada. Payment can be made by cheque, money order or credit card. When paying by credit card, I understand that a 2.6% administration charge will apply. I understand that I am responsible to take out a full comprehensive insurance package and complete an insurance waiver which JNF will provide. I will submit the balance of payment of the mission by January 17, 2025.

### Payment - \$1,200 USD deposit required with registration

- Cheque on U.S. dollar account or bank draft (Payable to the Jewish National Fund of Canada)
- Visa  Mastercard (Please indicate if US dollar credit card)

Credit Card #: \_\_\_\_\_ Expiry: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Registration form and deposit should be sent to the Ottawa Region JNF Office, 2583 Carling Ave., Suite M094, Ottawa, ON K2B 7H7. Phone: (613) 216.8673, jack.silverstein@jnf.ca