

JNF CANADA MISSION TO GREECE/ISRAEL

OCT. 27 - NOV. 6, 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: DD/MM/YYYY _____ Occupation: _____

Passport Country: _____ Number: _____ Expiry: DD/MM/YYYY _____

Passport must be valid 6 months past return to Canada (i.e. after May 6, 2026). **A copy of photo page is required.**

Email: _____

Emergency Contact: Name _____ Phone: (____) _____

Price: \$6,100 U.S. Land only, double occupancy, Single supplement: \$2,000 Price includes flights within Greece and to Israel

Please "✓" the appropriate Boxes:

Land only Package - (double occupancy) sharing with: _____

Single Supplement - additional \$2,000 USD

Israel Land only \$4,125.00 USD Single supplement \$1,300.00 USD

I understand that it is my responsibility to arrange my own flights to Greece and from Tel Aviv and transfers upon arrival at the airport and departure to the airport.

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 an Additional Deposit of \$1200 by July 15, 2025 and the Balance of Payment by September 1, 2025. I also agree to make a minimum contribution of \$1,800 to JNF in 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

Credit Card # _____ Expiry Date _____ CVV _____

Date: _____ Signature: _____