



Jewish National Fund of Canada
JNF University Mission
May 6 – May 16, 2018
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: () _____ Work: () _____

Date of Birth: _____ Occupation: _____
(Day/Month/Year)

Email: _____

Passport Country: _____ Number: _____ Expiry Date: _____
Day/Month/Year

Passport must be valid 6 months past return to Canada (i.e. Nov. 16, 2018) **A COPY OF THE PHOTOPAGE IS REQUIRED.**

In case of emergency contact: Name: _____ Telephone: _____

Price: \$1,500.00 CDN Full Package (Land/Air) Per Person/dbl occ., (ex. Toronto) Plus tips (\$120.00)

- () Full Package - Double Occupancy - sharing with _____
(X) Tips for Guide & Bus Driver \$120.00 CDN

I understand that I must depart with the assigned flight on May 6, 2018 and return with the group flight on May 16, 2018. I understand that there is a flight deviation charge if I do not return with the group. Deviations can be made on a first come first serve basis, as there is a **limited number of deviations permitted** by the airlines. I understand that once the ticket has been issued, a penalty will be imposed for any changes or cancellations.

I herewith enclose my deposit of \$500.00 CDN payable to the Jewish National Fund of Canada (no later than February 26, 2018). I understand that I am responsible to take out a full comprehensive insurance package and sign an insurance waiver.

I will submit the balance of the tour plus the tips for the guides and bus driver by March 15, 2018 as well as a signed insurance waiver which JNF will provide.

Payment: VISA _____ MasterCard _____

Credit Card #: _____ Expiry Date: _____

Date: _____ Signature: _____

Registration form and deposit should be sent to the National Office, 740-5160 Decarie Blvd., Montreal, QC H4X 2H9
1-866-775-1563 or Fax 514-934-0382 – Email: national@jnf.ca