

Jewish National Fund of Canada Mission Beth Shalom Mission to Israel October 24 – November 1, 2019 Registration Form



To be completed by each individual (PLEASE PRINT)

Family Name:	First Name:			
Name as appears on Passport (F	LEASE PRINT):			
Address:	City:	Province:_	Postal Code:	:
Home Phone: ()	Cell: ()	W	/ork: ()	
Date of Birth:				
(Day/Mont Passport Country:		Exp		
Passport must be valid 6 month REQUIRED	s past return to Canada (i.e. Ma	y 1, 2020). A COI		Pay/Month/Year
Email:				
In case of emergency contact: Name: Telephone:				
() Single Supplement - addit (X) Tips \$140.00 USD	ble occupancy) sharing with			
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money order or credit card. Wh	1,200.00 USD payable to the Jewi en paying by credit card, I underst ll comprehensive insurance packagent of the tour by July 16, 2019.	and that a 2.6% admi	inistration charge will	apply. I understand that
Payment: Cheque(Pay	able to the Jewish National Fu	nd of Canada)	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 H3X 2H9. Toll Free - 1-866-775-1563 – Attention: Sharon Lehrer – Email: national @jnf.ca - Fax 514-934-0382