



Jewish National Fund of Canada  
 JNF University Mission  
 May 12 – May 19, 2019  
 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: \_\_\_\_\_ Spouses Name: \_\_\_\_\_  
**(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. 19, 2019) **A COPY OF THE PHOTOPAGE IS REQUIRED**

In case of emergency contact: Name \_\_\_\_\_ Telephone: \_\_\_\_\_

I understand that I am responsible to take out a full comprehensive insurance package and that I must sign an insurance waiver which will be sent to me by JNF.

I understand that I must be part of the mission in its entirety from May 12-19, 2019.

I herewith enclose my deposit of \$300.00 CDN payable to the Jewish National Fund of Canada. I understand that this deposit will be refunded contingent on my participation in the mission. I will not receive a refund should I cancel once registered.

Airline: \_\_\_\_\_ Flight No.: \_\_\_\_\_

Departure Date: \_\_\_\_\_ Return Date: \_\_\_\_\_

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 H3X 2H9. (toll free) 1-866-775-1563 or Fax 514-934-0382 – Email: national@jnf.ca