



Please fill out, sign, and return this form with
a **\$500 deposit per person** to:

Jewish Federation of St. Joseph Valley, 3202 Shalom Way, South Bend, IN 46615
Phone: (574) 233-1164 Fax: (574) 288-4103

PARTICIPANT INFORMATION

Participant Family Name: _____
 Address: _____
 City, State/Province, Zip: _____
 Primary Phone: (____) _____ - _____ Secondary Phone: (____) _____ - _____
 E-mail: _____ Additional E-mail: _____

PLEASE NOTE AND GIVE A BRIEF DESCRIPTION OF ANY SPECIAL NEEDS AND/OR CONSIDERATIONS OF WHICH WE SHOULD BE AWARE, including health issues, severe allergies, asthma, or other concerns: _____

Prices listed are land portion of the trip only, flights not included. See information packet for details.

NAMES	OCCUPANCY	PRICE
	<input type="checkbox"/> Double \$3600 <input type="checkbox"/> Single \$4425	\$
	<input type="checkbox"/> Double \$3600 <input type="checkbox"/> Single \$4425	\$
	<input type="checkbox"/> Double \$3600 <input type="checkbox"/> Single \$4425	\$
	TOTAL	\$

A deposit of \$500 per per-person, is required to process your registration*. See agreement below.

Please enclose a deposit check of \$500 per-person made payable to **Jewish Federation**, or fill in your Visa, American Express, Discover or MasterCard information below

_____ Card Number _____ Exp Date _____ CVV # _____

I authorize the Federation to charge \$ _____ to my credit card

_____ Name on Card (print) _____ Signature _____ Total \$ _____

PERMISSION & AGREEMENT- BOTTOM OF THIS FORM MUST BE SIGNED

PLEASE READ!!! By proceeding you are agreeing to ALL the following:

- I understand that if I cancel my registration before December 31, 2017 I will be eligible for a 100% refund. If I cancel between January 1 and January 31, 2018 I will lose the \$500 per person deposit, and all payments in excess will be refunded. I understand that if I cancel my registration between February 1 and February 28, 2018 I will be responsible for the 50% of the total fees. Cancellations received after March 1, 2018 will be responsible for 100% of all fees regardless of attending the trip. All cancellations must be in writing.
- I understand that I am ultimately responsible for paying the trip fees. I further understand that the full amount is due by February 1, 2018 unless on an approved payment plan. Monthly payment plans are available; however all payment plans must be paid in full by February 1, 2018.
- I agree that the Jewish Federation, Sinai Synagogue and Temple Beth-El may share my contact information with other trip families for communication purposes only, unless I indicate otherwise in writing.
- I agree that the Jewish Federation, Sinai Synagogue and Temple Beth-El has my permission to use photographs, video or likenesses of myself and other family members for promotional purposes, unless I indicate otherwise in writing.
- I hereby agree to hold the Jewish Federation, Sinai Synagogue and Temple Beth-El harmless from any liability.
- I understand that part of the trip experience involves travel to a foreign country and activities and group interactions that may be new to me and my family, and that they come with uncertainties beyond what I may be used to dealing with at home. I am aware of these risks and I am assuming them on behalf of myself and family members participating in the trip. I realize that no environment is risk-free and the importance of abiding by the trip's rules.
- I understand that the Jewish Federation, Sinai Synagogue and Temple Beth-El do not accept responsibility for loss, theft or damage to the clothing, equipment, or personal effects of anyone participating in the trip.
- I understand that the fees include only the "land" portion of the trip and does not include flights or tips. I understand that I will be given the information for a recommended flight and travel agent, but that I may pick an alternative flight and provider. If I arrive at a different time than the recommended flight, I will be responsible for transportation to connect with the group.

Signature

Date