



**APPLICATION INSTRUCTIONS.** Complete and sign these forms and return:

- **BY EMAIL:** You can complete this form on the computer, print, sign, scan and email back to [israel@emanuelstreickernyc.org](mailto:israel@emanuelstreickernyc.org).
- **BY MAIL to:**  
**Temple Emanu-El Streicker Center**  
**Israel Trip**  
**One East 65th Street**  
**New York, NY 10065**
- **BY FAX to:** (212) 570-0826

**PAYMENTS.**

- **\$5000 payment per person. Double-occupancy.** Due with application.
- \$1500 single-occupancy supplement, optional. Due with application.
- Cancellations: **NO REFUNDS.**

**PAY BY CREDIT CARD ONLINE:**

Pay online at [emanuelstreickernyc.org/israel](http://emanuelstreickernyc.org/israel)  
(you must still mail, fax or email this application.)

**PAY BY CHECK:** Include/mail a check payable to “**Temple Emanu-El Streicker Center.**” (you must still mail, fax or email this application.)

**QUESTIONS?**

- **Email [israel@emanuelstreickernyc.org](mailto:israel@emanuelstreickernyc.org)**
- **Or call (212) 507-9580**

## ISRAEL TRIP | APPLICATION FORM

### Contact Information

Full Name (as on passport): \_\_\_\_\_

First

M.I.

Last

Home Address: \_\_\_\_\_

Street

City

State

ZIP

Birth Date: \_\_\_\_\_ Birth Place: \_\_\_\_\_

Passport Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_

Telephone: Daytime (\_\_\_\_\_) \_\_\_\_\_ Evening (\_\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

\_\_\_\_\_ Please find enclosed my check made payable to "The Temple Emanu-El Streicker Center"

\_\_\_\_\_ I have made my payment online at [emanuelskirballnyc.org/Israel](http://emanuelskirballnyc.org/Israel)

Are you a Temple Emanu-El Member?:  YES  NO

### Travel Preferences

\_\_\_\_\_ Single Room

\_\_\_\_\_ Double Room (indicate with whom you will be sharing: \_\_\_\_\_)

Total # of people on reservation: \_\_\_\_\_

Vegetarian or other dietary requirements or restrictions:  
\_\_\_\_\_

**If you are registering more than one person for the trip, please fill out the following section for each additional participant:**

#### **Passenger 2:**

Full name as it appears on passport \_\_\_\_\_

Date of Birth \_\_\_\_\_

Country of citizenship \_\_\_\_\_

Expiration date \_\_\_\_\_ Passport number: \_\_\_\_\_

**Passenger 3:**

Full name as it appears on passport \_\_\_\_\_

Date of Birth \_\_\_\_\_

Country of citizenship \_\_\_\_\_

Expiration date \_\_\_\_\_

Passport number \_\_\_\_\_

**Passenger 4:**

Full name as it appears on passport \_\_\_\_\_

Date of Birth \_\_\_\_\_

Country of citizenship \_\_\_\_\_

Expiration date \_\_\_\_\_

Passport number \_\_\_\_\_

**CANCELLATION AND REFUND POLICY  
THERE ARE NO REFUNDS.**

**LIABILILTY RELEASE STATEMENT**

I, (*print name*) \_\_\_\_\_, have read the disclaimer stated above and I hereby release and discharge Temple Emanu-El, **its agents, employees**, officers, directors, shareholders and successors from and against any and all liability arising from my participation in this trip. I agree that this release will be legally binding upon myself, my heirs, successors, assigns legal representatives, it being my intention to fully assume all risk of travel and to release Temple Emanu-El from any and all liabilities to the maximum permitted by law.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (Please print)