



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.
- **BY MAIL to:**
Temple Emanu-El Streicker Center
Poland-Israel Trip
One East 65th Street
New York, NY 10065
- **BY FAX to:** (212) 570-0826

PAYMENTS.

- **\$2500 deposit.** Due with application.
- Final payment due by November 1, 2017.
- You may also pay in full upon registration.

PAY BY CREDIT CARD ONLINE:

Pay online at www.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**
- **Or call (212) 507-9580**

POLAND-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

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

This program is subject to the following cancellation charges:

<u>If your notice is received, in writing, by:.....</u>	<u>You will receive:</u>
December 1, 2017	All fees minus \$1000 per person
January 5, 2018	50% of all fees will be returned
After January 5, 2018.....	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)