

Temple Beth Or Mission to Israel

Print this application and Bring or Mail it to TBO with your deposit to secure your reservation.

In order to guarantee your reservation, please complete the following application and return it no later than April 15, 2009. All applications must be accompanied by full payment made to Temple Beth Or. For further information contact Bill Fried, wafried@gmail.com, 434-0744 or Alex Briskin, alex.briskin@gmail.com, 435-6575

A separate application must be filled out by each family.

CONTACT INFORMATION:

Title: _____ First, middle & last names, as on passport: _____
Title: _____ First, middle & last names, as on passport: _____
Home address: _____ City: _____ State: _____ Zip: _____
Home tel: _____ Bus tel: _____ Fax: _____
Email: _____

PLEASE RESERVE: (based on current rates – prices subject to change)

___ Mission land package only based on a double room: \$ 2600. ___ x ___ people = \$ _____

___ Mission land including Airfare in package based on double room:

\$ 4100 x ___ people =

\$ _____

___ Mission land package based on a single room: \$ 3375. ___ x ___ people = \$ _____

___ Mission land including Airfare in package based on single room:

\$ 4875. x ___ people =

\$ _____

PASSPORT INFORMATION: (PLEASE PRINT CLEARLY)

Title: ___ Name as it appears on passport (First, middle, last): _____

Nationality: _____ [] Male [] Female Birth date: / / / Place of birth: _____

Passport number: _____ Date & place of issue: _____ Exp. date: _____

Title: ___ Name as it appears on passport (First, middle, last): _____

Nationality: _____ [] Male [] Female Birth date: / / / Place of birth: _____

Passport number: _____ Date & place of issue: _____ Exp. date: _____

PAYMENT INFORMATION:

I am attaching a check in the amount of \$600 per person as a deposit: \$ _____

DEPARTURE FROM DAYTON:

[] I wish to depart Dayton with the group on: _____ SUNDAY, OCT 11, 2009 _____

DEPARTURE FROM ISRAEL:

[] I wish to depart Israel with the group on: _____ THURSDAY, OCT 22, 2009 _____

I HAVE MADE MY OWN TRAVEL ARRANGEMENTS AS FOLLOWS:

Arrive in Israel on day, date, time _____ Airline _____ Flight # _____

Depart from Israel on day, date, time _____ Airline _____ Flight # _____

IMPORTANT MEDICAL INFORMATION: (Allergies, prescriptions, illnesses, etc:

EMERGENCY CONTACT INFORMATION:

Name: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

Home tel: _____ Bus tel: _____ Fax: _____

In the event of an increase in prices charged to Temple Beth Or for the mission by any supplier, the total price for participants in the mission is subject to increase to meet such increased prices. Participants agree to pay such increase price upon receipt of written notification from Temple Beth Or. In order to maintain the price stated in this agreement, Temple Beth Or reserves the right to change accommodations, food and beverage arrangements and other elements of the trip.

By signing below I affirm that I understand the risks associated with international travel and the Beth Or is not responsible for any loss, damage, or injury to any mission participant or any belongings of that participant caused directly or indirectly by Temple Beth Or's suppliers or agencies, or by any airline, hotel, common carrier, travel agency or any other person or entity not under the direct and sole control of Temple Beth Or.

Name: _____

Signature: _____

Date: _____