

Friends of JNF Canada

MISSION REGISTRATION FORM



Mission Name: **Men's Mission to Israel**

Mission Dates: **Nov. 2-10, 2026**

To be completed by each individual (PLEASE PRINT)

Family Name: _____ First Name: _____

Address: _____ City: _____ Province: _____ Postal Code: _____

Home Phone: (____) _____ Cell: (____) _____

Email: _____

Date of Birth (DD/MM/YYYY) _____ Occupation: _____

Name as appears on Passport (PLEASE PRINT): _____

Passport Country: _____ Number: _____ Expiry (DD/MM/YYYY) _____

Passport must be valid 6 months past the return date to Canada. **A copy of the photo page is required.**

Emergency Contact: Name _____

Relationship _____ Phone: _____

Please " ✓ " the appropriate Boxes:

\$4999 USD Land only (Double occupancy) - Sharing with: _____

\$1800 USD Single Supplement

\$280 USD Masada/Dead Sea add-on (Nov. 7)

I understand that it is my responsibility to arrange my own flights to and from Tel Aviv and transfers upon arrival at the airport and departure to the airport.

I understand that I must carry travel insurance.

I herewith enclose my deposit \$2,000.00 USD payable to the Friends of JNF Canada. Payment can be made by cheque, money order or credit card. When paying by credit card, I understand that a 2.6% administration charge will apply. I understand that I am responsible to take out a full comprehensive insurance package and complete an insurance waiver which Friends of JNF Canada will provide. The balance of payment is due by Oct. 1, 2026.

Payment - \$2000 USD deposit required with registration. The balance of payment is due by Oct. 1, 2026.

Enclose the deposit payable to Friends of JNF Canada. If paying by credit card, a 2.6% administration charge will apply.

Cheque in U.S. dollar account or bank draft (Payable to Friends of JNF Canada) Visa MasterCard USD Credit Card

Credit Card # _____ Expiry Date (MM/YY) _____ CV# _____

I understand that I am responsible to take out a full comprehensive insurance package and complete an insurance waiver which Friends of JNF Canada will provide.

Date: _____ Signature: _____

Friends of JNF Canada

PAYMENT TERM



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Payment Schedule

- Deposit due on or before July 1, 2026: \$2,000 USD
- Second payment due on or before September 1, 2026: \$2,000 USD
- Final balance due on or before October 1, 2026

Cancellation Policy

- Cancel by August 3, 2026: Full refund
- Cancel August 4-September 3, 2026: 90% refund
- Cancel September 4-October 2, 2026: 50% refund
- Cancel October 3, 2026 or later: No refund

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MISSION WAIVER FORM



Mission Name: **Men's Mission to Israel**

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1. I/we understand that I/we am responsible to take out a full comprehensive insurance package.

- Trip Cancellation Accident
 Emergency Hospital/Medical Baggage

2. I/we, the undersigned will not hold the Travel Agent, Tour Operator, Friends of JNF Canada responsible for any expenses incurred as a result of:

- a) My/our decision not to purchase travel insurance.
 b) Any additional single supplement costs if my travelling companion is unable to travel and I still choose to travel.
 c) The amount of sums insured or principal sums of insurance I/we have selected.

3. I confirm that:

- I am in good health and capable of walking long distances.

4. Friends of JNF Canada, the Travel Agent and/or Tour Operator, its affiliates and related persons act only as ticketing agents for hotels, bus companies and those providing accommodations, transportation, meals, tours, sightseeing or other pertinent services and shall, in no way, be liable for, damage, loss, accident, death, delay or other irregularity to any person or property.

5. Friends of JNF Canada, the Travel Agent and/or Tour Operator does not assume responsibility for failure of the passenger to obtain the necessary documentation to travel; failure of the passenger to arrive at the airport on time on the day of departure or missed connection; the need for the Travel Operator to change itineraries or substitute hotels, accommodations or services provided that every effort is made to supply the most comparable services and accommodations available.

I/We have the authority to sign on behalf of: _____

Date of Travel: _____

Client's Name: _____

Client's Signature: _____

Date of Signature: _____

On behalf of Friends of JNF Canada:

Signature: _____ Date: _____