

Friends of JNF Canada

MISSION REGISTRATION FORM



Mission Name: **Solidarity Mission to Israel**

Mission Dates: **October 18-26, 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: _____

- **Price:** \$5,899 USD Land only for Double occupancy
\$1,700 USD for Single supplement

Please “ ✓ ” the appropriate Boxes:

- Land only (Double occupancy) - Sharing with: _____
- Single Supplement
- 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.

Payment - \$1,200 USD deposit required with registration. The balance of payment is due by October 1, 2026.

Enclose a deposit \$1,200.00 USD payable to the 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 the 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: _____