



# Hadassah Mission Registration Form

Kindly complete one registration form for each person traveling.

Please refer to [www.avelet.com/hadassah.html](http://www.avelet.com/hadassah.html) for more information on particular Missions:

Name of Mission: \_\_\_\_\_

Date of Departure (mm/dd/yyyy): \_\_\_\_\_

Please register me for:  LAND ONLY  LAND & AIR

## PARTICIPANT INFORMATION:

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_ Nickname for Badge: \_\_\_\_\_

Mr.  Mrs.  Ms.  Dr.  Male  Female

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Mobile/Cell (USA): (\_\_\_\_) \_\_\_\_\_ Mobile/Cell (Israel): (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_ Date of Birth (mm/dd/yyyy): \_\_\_\_\_

Passport Number: \_\_\_\_\_ Exp. Date(mm/dd/yyyy): \_\_\_\_\_

Place of Issue: \_\_\_\_\_ Citizen of: \_\_\_\_\_

PLEASE CHECK YOUR PASSPORT'S EXPIRATION DATE.

US Government regulations state that you **may not be permitted to depart the USA if your passport expires within six (6) months of your travel dates!**

## EMERGENCY CONTACT (EC) INFO:

Emergency Contact (EC) Name: \_\_\_\_\_

EC Email \_\_\_\_\_

EC Home Phone: (\_\_\_\_) \_\_\_\_\_

EC Work Phone: (\_\_\_\_) \_\_\_\_\_

EC Mobile Phone:(\_\_\_\_) \_\_\_\_\_





**Member of Hadassah:**  Yes  No

Region/Chapter/Group/portfolio: \_\_\_\_\_

**Associate Member of Hadassah:**  Yes  No

Region/Chapter/Group/portfolio: \_\_\_\_\_

**I am NOT a member of Hadassah (female):** All female participants are required to be members of Hadassah. If you are not already a member of Hadassah, please select either of the following Hadassah membership options:

**Annual Membership:** Please send a separate membership check for \$36.00 for an annual Hadassah membership. **Membership checks should be made payable to "Hadassah"; OR**

**Life Membership:** Please send a separate membership check for \$250.00 for a lifetime Hadassah membership. **Membership checks should be made payable to "Hadassah".**

Note that \$12.50 of the annual membership dues payment/a portion of the life membership/Associate enrollment fee is allocated for a subscription to Hadassah Magazine. In keeping with IRS regulations, membership dues/enrollment fees are not considered to be tax-deductible contributions.

**How many times have you visited Israel?** \_\_\_\_\_

**Date of last visit:** \_\_\_\_\_

**Do you have Hadassah recognition you wish to see?** \_\_\_\_\_

### **MOBILITY:**

**I am physically able to climb stairs both on and off a bus without assistance:**

Yes  No - Please provide details: \_\_\_\_\_

**Special Needs:** \_\_\_\_\_

You are required to advise us of any special medical needs or physical limitations such as walking difficulties, wheelchair assistance, severe allergies, etc.





## **LAND SERVICE/HOTEL REQUESTS:**

*(Please refer to [www.ayelet.com/hadassah.html](http://www.ayelet.com/hadassah.html) for more information on associated costs for particular Missions)*

**Room Type:**  Single  Double/Two in a room; Roommate Name: \_\_\_\_\_

Please contact me with options for the following **additional hotel nights or deviations:**

\_\_\_\_\_  
Note: May incur additional charges.

**Dietary Restrictions** during the tour: \_\_\_\_\_

Please contact me about hotel upgrade options.

## **FLIGHT REQUESTS:**

*(Please refer to [www.ayelet.com/hadassah.html](http://www.ayelet.com/hadassah.html) for more information on flight options for particular Missions)*

**EL AL Frequent Flyer #:** \_\_\_\_\_

**Other Frequent Flyer # (if applicable):** \_\_\_\_\_

**Special Requests for flights:** \_\_\_\_\_ Note:

We will do our best to accommodate you, but regret that we cannot guarantee special requests. Seat requests are noted but cannot be guaranteed. EL AL seats can often be prearranged with an EL AL Frequent Flyer (Matmid) number.

**Flight Deviations: Date of arrival** \_\_\_\_\_ **Date of Departure:** \_\_\_\_\_

Note: Deviations from group flight may incur additional charges.

**Domestic Travel:** (Domestic air/Connecting Flights can be arranged by Ayelet Tours)

Please call me for connecting flights  I will book my flight to the departure gateway.

(If taking group air, please do not book domestic flights on your own until you have received confirmation of international flights from Ayelet Tours)

**I wish to depart from city/airport** \_\_\_\_\_ **on (date)** \_\_\_\_\_

**...and return to city/airport** \_\_\_\_\_ **on (date)** \_\_\_\_\_

**Upgrade Request:**  Please contact me about a Business Class Upgrade

Business Class Upgrade must be paid in full at time of confirmation.

**Special meals requests on flight (please specify):** \_\_\_\_\_





**DEPOSIT PAYMENT**: A deposit of \$500.00 per person is required.

**Check Enclosed** (Payable to Ayelet Tours)

**OR**

**Charge to my credit card** \$\_\_\_\_\_.

Card member's name as it appears on credit card: \_\_\_\_\_

Card number: \_\_\_\_\_ Expiration Date (mm/yyyy): \_\_\_\_\_

CID Number (3 digit code/4 digits on Am Ex): \_\_\_\_\_

I hereby authorize Ayelet to charge the credit card provided above. I understand that my payment by check or charge is necessary in order to reserve airline seats and hotel accommodations. I further recognize that these payments are payments for services (i.e. airfare, hotel, etc.) and are not tax deductible as charitable contributions.

Card Holder's Signature: \_\_\_\_\_

**Card Type:**  Discover  Master Card  Visa  American Express

**Card Billing Address** (if different than home address above):

**Street:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Full Payment is due 60 days prior to departure.**

**Travel Insurance:** We strongly recommend the purchase of comprehensive travel insurance, including trip cancellation and luggage insurance. Please log onto Ayelet Tours website at [www.ayelet.com](http://www.ayelet.com) and click on the Travel Information icon for details. Please keep in mind that the terms of any insurance policy are determined by the insurance carrier and that the insurance carrier makes all determinations regarding the insurance policy's benefits. Hadassah has no control over, and accepts no responsibility for any insurance policy in any way, including but not limited to its terms, scope of coverage, administration, determination of benefits or payment of claims.

**Not Included:** Tips to guide, driver and all staff (may be collected on your invoice or in Israel depending on the tour – see tour flyer for details), travel insurance (which is strongly recommended), any items of a personal nature or any items described as not being included for the particular Mission on [www.ayelet.com/hadassah.html](http://www.ayelet.com/hadassah.html)

**LUGGAGE:** Luggage allowance policies are set by the airlines and may change without prior notice. Please contact your airline(s) for the most current luggage allowance policy.





**SECURITY:** We recommend that you read the current “Travel Warning” issued by the U. S. Department of State, which may be found at: <http://travel.state.gov/content/passports/english/alertswarnings.html>, to obtain current information on the general security environment in Israel, Jerusalem, the West Bank, and the Gaza Strip and to reiterate threats to American citizens and U.S. interests in those locations. Current information on travel and security in Israel may also be obtained from the Department of State by calling 1-888-407-4747 within the United States and Canada, or, from overseas, 1-202-501-4444.

**HEALTH:** By completing and returning this registration form, I hereby certify that I do not have any mental, physical or other condition of disability that could create a hazard for me or other participants.

**Mail original registration form (if you are not registering online), original Hadassah Disclaimer and Release\*\* (all participants) and Deposit Check (if paying by check) to:**

**AYELET TOURS  
19 AVIATION ROAD  
ALBANY, NY 12205**

**Need further assistance? Contact Ayelet Tours:  
800-237-1517 \* (Fax) 518-783-6003 \* [HDMissions@ayelet.com](mailto:HDMissions@ayelet.com)**

**\*\*ALL PARTICIPANTS MUST SIGN HADASSAH’S DISCLAIMER AND RELEASE, WHICH WILL BE EMAILED TO YOU BY AYELET TOURS WITH YOUR FINAL PAYMENT INVOICE, ROUGHLY 90 DAYS BEFORE DEPARTURE. THE ORIGINAL SIGNED DISCLAIMER AND RELEASE MUST BE RECEIVED BY AYELET TOURS NO LATER THAN 60 DAYS PRIOR TO DEPARTURE (FAXED OR SCANNED COPIES ARE NOT ACCEPTABLE). TRAVEL DOCUMENTS WILL NOT BE RELEASED UNTIL THE ORIGINAL DISCLAIMER AND RELEASE IS TIMELY RECEIVED.**

**We recommend that you retain copies of your check, the forms and documents.**





**Cancellation penalties** are as follows:

\$100 per person charge if canceled by you more than 60 days prior to departure plus any applicable airline penalties.

\$250 per person charge if canceled by you 60-31 days prior to departure plus any applicable airline penalties.

100% penalty will apply if canceled by you 30 days or less prior to departure or if you do not show up for the program.

Note advertised group pricing is generally based on 20 paying participants unless otherwise noted on the promotional materials. Group size supplement may apply for smaller groups.

Requests for cancellation must be made in writing. Each mission is priced as a package and no refund or discount will be made for any part of the mission/activity in which you choose not to participate. In addition, no refunds will be made if you leave the trip voluntarily or involuntarily after the date of departure. Participants may also be subject to any cancellation fees assessed by the purveyors of services, including airlines or hotels.

I understand that my reservation will be accepted subject to the above terms and conditions. I have read, understand and agree to the above terms and conditions and understand that this document constitutes an agreement solely between the undersigned participant and Ayelet and that Hadassah is not a party hereto.

**Participant's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Disclaimer: IGT and Ayelet Tours, Ltd. act only as agents for the tour members in making arrangements for hotels, transportation, touring, restaurants or any other services in connection with the itinerary. We will exercise reasonable care in making such arrangements. However, we do not assume nor bear any responsibility or liability whatsoever for any injury, death, damage, loss, accident, delay or irregularity to person and property because of an act, sickness, or circumstance beyond our control or an act of default of any hotel, airline carrier, restaurant, company, or person rendering any of the services included in the tour. The right is reserved to cancel or change itineraries or to substitute comparable service without notice. The right is reserved to decline to accept or retain any tour participants should such person's health or general comportment impede the operation of the tour or detrimentally affect the other tour participants.

***Ayelet*** *Tours, Ltd.*

(Phone) 800-237-1517 \* (Fax) 518-783-6003 \* [HDMissions@ayelet.com](mailto:HDMissions@ayelet.com) \* [www.ayelet.com](http://www.ayelet.com)

