



Jewish Federation
OF GREATER CHARLOTTE



PORTUGAL 2020 November 4 - 10

BEN-GURION SOCIETY (BGS) MISSION TO PORTUGAL

Medieval castles, cobblestone villages, captivating cities and golden beaches: the Portugal experience can be many things. History, great food and idyllic scenery are just the beginning...

Join us as we unlock the keys to Jewish Sephardic history through first-hand stories. From the Golden Age of Discovery to the Inquisition, Portuguese Jewry went from the heights of wealth and success to the depths of anguish and despair. Hear the stories behind these fascinating people and events, and meet hidden Jews whose families have maintained their faith in secret for 500 years.

DATE:

NOVEMBER 4 - 10, 2020**

MISSION COSTS:

The actual cost of the land portion of the mission is \$2,760 per person. Thanks to a generous subsidy from the Jewish Federation, BGS members receive a \$500 subsidy per person, lowering the cost to \$2,260 per person. Single supplement is \$600.

Price includes all land transportation, site admissions, airport transfers, hotel room & tax, all gratuities and meals as specified in itinerary.

ELIGIBILITY:

Members of the Ben-Gurion Society, a national donor recognition society for young adults (ages 25-45) who make a contribution of \$1,000 or more to the Jewish Federation Annual Campaign

** PLEASE NOTE:

1. *Ground itinerary starts November 4 and ends November 10, which requires a November 4 departure from the US and arrival home on November 10.*
2. *Ground itinerary begins in Porto and ends in Lisbon. Multi-city airfare is not included.*

Please return this application with your \$500 deposit for each person to:

Jewish Federation of Greater Charlotte
5007 Providence Road, Suite 101
Charlotte, NC 28226
Attn: Tair
Email: tair.giudice@jewishcharlotte.org



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Please reserve _____ space(s). A deposit of \$_____ is enclosed (\$500 per person)

Cancellations may result in land penalties. (see page 3)

PERSONAL INFORMATION

PARTICIPANT 1:

Title	Full name <u>exactly</u> as it appears on passport (Last, First Middle)	Name as you'd like it on name tag

☐ Male

☐ Female

Date of birth MM / DD / YYYY

Passport #

Passport expiration date* MM / DD / YYYY

Country of issue:

Country of citizenship:

*** Note: Passports must be valid for at least six (6) months beyond your return date**

Previous Mission w/ a Federation:

☐ Yes

No ☐

If yes, Trip/Mission Name/Date:

Please submit a copy of the first page of your passport with completed application

Street Address

Apt./Suite #

City

State

Zip Code

Home phone ()

Work ()

Fax ()

E-mail

Mobile ()

PARTICIPANT 2:

Title	Full name <u>exactly</u> as it appears on passport (Last, First Middle)	Name as you'd like it on name tag

☐ Male

☐ Female

Date of birth MM / DD / YYYY

Passport #

Passport expiration date* MM / DD / YYYY

Country of issue:

Country of citizenship:

*** Note: Passports must be valid for at least six (6) months beyond your return date**

Previous Mission w/ a Federation:

☐ Yes

No ☐

If yes, Trip/Mission Name/Date:

Please submit a copy of the first page of your passport with completed application

Street Address

Apt./Suite #

City

State

Zip Code

Home phone ()

Work ()

Fax ()

E-mail

Mobile ()



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GROUND PACKAGE

- ☐ Mission to Portugal (November 5 - 10, 2020) Mission Cost: \$2,260/person*. Single supplement is \$600.

**Thanks to a generous subsidy from the Jewish Federation, BGS members receive a \$500 subsidy per person.*

ROOM ASSIGNMENTS

Room Type - Please check applicable boxes:

<input type="checkbox"/> Double (2 persons)	<input type="checkbox"/> Room/Suite Upgrade requested **
<input type="checkbox"/> Single Room *	<input type="checkbox"/> 1 bed <input type="checkbox"/> 2 beds

Roommate Name: _____
Only if roommate is being registered for mission on a different application form.

Please assign a roommate: ☐ Yes ☐ No

* When possible we will attempt to find roommates if requested. If unsuccessful, participant will be subject to single supplement charges.

** Room/Suite upgrade: room upgrades are limited and additional costs apply. You will be notified of upgrade options.

MEDICAL AND EMERGENCY INFORMATION

MEDICAL INFORMATION (prescriptions, allergies, special dietary requirements and other pertinent medical information)

Participant 1 _____

Participant 2 _____

EMERGENCY CONTACT INFORMATION :

Name		Relationship	
Address		City	State Zip
Home phone ()		Work ()	Cell ()

TRAVEL INSURANCE

JFGC recommends that all mission participants review their own personal insurance coverage needs with their insurance advisors to determine if additional travel insurance is recommended. We strongly recommend that you familiarize yourself with the tour operators cancellation policy and penalties as you consider purchasing trip insurance. Trip insurance provides reimbursement for trip delay, trip interruption, missed connections, sickness and/or accident medical expenses, lost baggage, personal effects, baggage delay, etc. You are free to use any insurance company of your choice.



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CREDIT CARD INFORMATION AND CHARGE AUTHORIZATION

NOTE: All Mission Participants must provide credit card information and authorization.

No charges will be made to this card unless you complete the Credit Card Charge Authorization to charge your mission deposit and/or remaining balances, or depart a mission hotel without clearing your personal and incidental charges, e.g. room service, laundry, telephone calls, internet access, etc.

Credit Card Charge Authorization for mission deposit, mission fee payments, and remaining balances and/or unpaid hotel incidental charges

Credit Card: ☐ Visa ☐ MasterCard ☐ American Express

Card Number _____ Expiration Date _____

Credit Card Validation/Security Code # (CCV): _____

This is the 3 or 4 digit security code used to verify your credit card and protect you against fraud.

Charges will be made based on the following payment schedule, unless other arrangements have been made directly with JFGC.

- 1** NON-REFUNDABLE DEPOSIT: \$500 per person will be charged upon receipt of your application.
- 2** REMAINING MISSION BALANCES: The remaining mission balances will be charged to your credit card as follows:
 - June 1: \$1,200 per person due for double occupancy (single occupancy due \$1,500)
 - September 1: Remaining balance of \$560 per person due (single occupancy due \$860)

Please contact the Federation office if you would like to arrange an alternate payment plan

CANCELLATION POLICY:

Cancellations made from June 2 - to September 1 are subject to a 70% penalty.

Cancellations after September 2 are non-refundable.

I/we hereby authorize Jewish Federation of Greater Charlotte to charge the credit card provided above in the manner described.

I/we recognize that these payments are for services (i.e., hotel, bus, touring, meals etc.) and are **not** charitable contributions.

Cardholder's Name (please print) _____

Cardholder's Signature _____

MISSION APPLICATION SIGNATURE REQUIRED

Signature of person actually completing application _____

Print name _____

Date _____



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RELEASE OF LIABILITY FOR DEATH, PERSONAL INJURY, AND PROPERTY DAMAGE

Mission to Portugal

I have read, or have had the opportunity to read, the current United States Department of State's Travel Advisory for Portugal. I understand that, in advance of the Mission, I may periodically check the State Department's website, found at <http://www.travel.state.gov>, to see if the Travel Advisory has been superseded by a new Travel Advisory.

I acknowledge and affirm that, notwithstanding any security arrangements that may be made by JFGC, JFGC does not, and cannot, guarantee and is not responsible for the safety of my person or property during the Mission or any Mission-related activities, including, but not limited to, ground transportation, meals, lodging, recreational activities or "free time" activities.

In light of the above alerts and circumstances and in consideration of my being permitted to participate in the Mission, I do, for myself, my spouse, heirs, executors, administrators and assigns, release and forever discharge JFGC, as well as its respective subsidiaries, members, affiliates, predecessors, successors and assigns, and all of their respective past, present and future officers, directors, shareholders, members, employees, agents, and contractors, and their respective heirs, executors, administrators and assigns (each singularly, a "Releasee" and, collectively, the "Releasees"), of and from any and every claim against any Releasee or Releasees, arising from or by reason of any bodily injury, personal injuries (including emotional trauma), death, or property damage resulting or alleged to result from any accident, incident, or other episode or cause, whether known or unknown, that may occur during or as a result of my participation in the Mission, whether based upon the negligence of, or breach of contract by, any Releasee or any other party for whose acts or omissions any Releasee or Releasees may be responsible under any applicable legal principle.

This release contains the entire agreement between you and JFGC and supersedes any prior or contemporaneous agreements, understandings, and negotiations regarding the Mission. This release shall be interpreted and enforced in accordance with the laws of the State of North Carolina without regard to its conflict of law rules, and shall be construed as broadly and inclusively as permitted by such laws. If any provision of this release is held invalid by any court of competent jurisdiction, in such event, the balance of this release shall continue in full force and effect and be enforced as if the invalid portion were not contained in this release.

I have carefully read this release, understand its contents and acknowledge that this is a release of liability and such is a binding and fully enforceable contract between me, on one hand, and the JFGC and all Releasees, on the other hand.

Having consulted, or having had the opportunity to consult, my own counsel as to the meaning and legal effect of this release, I have voluntarily signed this release on the date noted below.

Please sign:

Participant #1 (Print Name): _____ Signature: _____ Date: _____

Participant #2 (Print Name): _____ Signature: _____ Date: _____



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PHOTO/IMAGE RELEASE

I hereby grant the permission, without reservation, to the Jewish Federation of Greater Charlotte (JFGC) to take and to use photographs and/or sound/image recordings of me, to describe and to use the same for promotion of good will, public education, and/or fundraising and other related activities of JFGC and I waive any right to inspect or approve the photograph(s) or finished version(s) of works, including web site, incorporating the photograph(s).

I release JFGC, its officers, trustees, agents, employees, independent contractors, licensees and assignees (including photographers), from all claims that I may have or might have, for any cause of action arising out of taking and/or use of the photographs and/or any sound/image recordings, and/or description of the same, be it blurring, distortion, alteration, optical illusion, or use of composite form whether intentional or otherwise, that may occur or be produced in taking of photographs, or any processing toward the completion of the finished product, unless it can be shown that they and the publication thereof were maliciously caused, produced and published solely for the purpose of subjecting me to conspicuous ridicule, scandal, reproach, scorn and indignity.

I recognize that JFGC owns the copyright (or may apply for copyright) in these photographs and other works and creations, and I hereby waive any claims I may have based on any usage of the photographs or works derived there from in any form, whether it be printed, projected, televised or transmitted via the web, or/and at any time, be it in the present or in the future, including, but not limited to claims for either invasions of privacy or libel.

I am of full age and competent to sign this release. I agree that this release shall be binding on legal representatives, my heirs, assigns, and me. I have read this release and I fully understand its contents.

Please sign:

Participant #1 (Print Name): _____ Signature: _____ Date: _____

Participant #2 (Print Name): _____ Signature: _____ Date: _____