United Jewish Federation of Tidewater
2026 Women's Mission to Argentina
March 2-8, 2026

Application & Release Forms

Please print legibly and sign where indicated. Also, please provide a clear copy of the photo page of your passport to accompany these forms.

Name of Federation: **United Jewish Federation of Tidewater** Number of Participants Registering: _____

Mission Name and Date: **2026 Women's Mission to Argentina: March 2 – 8, 2026**

Personal Information

Participant 1:

Title	Full name exactly as 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:

Previous Mission with UJC/Federation: ▪ Yes ▪ No If yes, Mission Name/Date: _____

NOTE: Passports must be valid for at least six months beyond the return date of the mission.
PLEASE TAKE A CAREFUL LOOK AT YOUR PASSPORT. IT CANNOT EXPIRE BEFORE September 8, 2023.

Participant 2:

Title	Full name exactly as 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:

Previous Mission with UJC/Federation: ▪ Yes ▪ No If yes, Mission Name/Date: _____

NOTE: Passports must be valid for at least six months beyond the return date of the mission.
PLEASE TAKE A CAREFUL LOOK AT YOUR PASSPORT. IT CANNOT EXPIRE BEFORE September 8, 2023.

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Mailing Address/Telephone Information

Participant 1:

Street _____ Apt/Suite # _____

City _____ State _____ Zip Code _____

Home phone ( ) _____ Work ( ) _____ Cell ( ) _____

Email Address(es) _____

ADDRESS TO WHICH WE CAN SEND EXPRESS MAIL DURING THE DAY: We cannot send express mail to a P.O. Box.

Participant 2:

Street _____ Apt/Suite # _____

City _____ State _____ Zip Code _____

Home phone ( ) _____ Work ( ) _____ Cell ( ) _____

Email Address(es) _____

ADDRESS TO WHICH WE CAN SEND EXPRESS MAIL DURING THE DAY: We cannot send express mail to a P.O. Box.

Room Assignments

Number of rooms required: _____

Room Type - Please check applicable boxes:

- **Double Room**
- **Single Room (additional charge will apply)**

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Billing/Payment/Cancellation Fees

To make the payment of your Mission fee easier for you, we accept Master Card, American Express, and VISA for charging **the cost of the basic mission only**. (Incidental charges to hotel rooms will be the full responsibility of individual participants. Credit card will be requested by the hotels during check-in for just this purpose.)

A $1,000 per person charge will be made to your credit card on receipt of your application. NOTE: This is a NON-REFUNDABLE fee. Applications are due no later than **November 30, 2025**. **The balance of the mission must be paid by February 1, 2026.**

I hereby authorize the United Jewish Federation of Tidewater to charge the credit card whose number is provided below. I understand that this payment is required to book hotel rooms and other logistical components of the mission. I further recognize that this payment is for services (i.e., hotels, meals, etc.) and **not a charitable contribution**.

2026 UJFT Women's Mission to Argentina

Signature of Participant **Print Name** **Mission Name**

Date _____

Credit Card Information:

Please check one: ▪ Visa ▪ Mastercard ▪ Amex

(Please provide billing address if different from that shown on previous page)

Card Number **Expiration Date** **Amount**

Credit Card Validation/Security Code # (CVV):

This is the 3 or 4 digit security code used to verify your credit card and protect you against fraud. For Visa and Mastercard, the code is 3 digits long and is located on the back of the card. For American Express, the code is 4 digits long and is located on the front of the card above the last digits of your credit card number.

Cardholder's Name: **Cardholder's Signature:**

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Important Notes:

1. This mission is LAND ONLY, meaning that participants are required to make their own international flights.
2. If a participant withdraws from the mission **within two weeks of departure date**, they will be responsible for the $1,000 non-refundable fee; **PLUS** any ground costs that the Federation is unable to recoup as a result of late notice (i.e. hotel deposits, admissions, catering guarantees, etc.)

Please sign here to acknowledge your acceptance of these terms.

Participant 1 Signature **Participant 2 Signature**

Date _____ **Date** _____

Travel Arrangements & Additional Hotel Nights

This is a 7-day (6-night) **Argentina** mission. If you wish to arrive early or extend your stay beyond the last day of the mission, please indicate that here (not binding), so we have an idea of transportation needs between the airport and the hotel on arrival and return.

Note: **Please send me a copy of your complete flight itinerary as soon as it's available**, so I'll be able to track everyone's schedules. **The first hotel night included in the mission package is on March 2.** Many flights arrive in the morning, so you will be able to come from the airport to the hotel. We will begin programming at noon on March 2. If you are arriving early (prior to March 2), let me know if you'd like me to book a room for you at our first hotel, and if so, for which night(s). I' also happy to work with anyone wishing to extend their trip. Same applies, please let me know if you need extra nights at the hotel in Buenos Aires.

☐ **Arriving Early** _____ **(date)** ☐ **Staying in Argentina until** _____ **(date)**

Travel Insurance

The UJFT strongly suggests that all mission participants review their insurance needs to determine if additional travel insurance is needed to cover: trip delay, missed connections, sickness and/or accident, medical expenses, lost baggage, personal effects, baggage delay, etc. **NOTE**: Most travel insurance must be purchased within two weeks of your first trip payment. Most airlines offer you the chance to purchase **flight** insurance when booking. That will not cover other areas of travel. We highly suggest a "Coverage for Any Reason" (CFAR) policy. **UJFT does not cover the cost of travel insurance for participants.**

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Medical & Emergency Information

Please print legibly

Participant 1: _____
(Participant Name)

Allergies: _____

Prescriptions: _____

Medical conditions: _____

Participant 2: _____
(Participant Name)

Allergies: _____

Prescriptions: _____

Medical conditions: _____

Emergency contact:

Participant 1: _____
(Participant Name)

Name _____ **Relationship** _____

Address _____ **City** _____ **State** _____ **Zip** _____

Home phone ( ) _____ **Work ( )** _____ **Cell ( )** _____

Participant 2: _____
(Participant Name)

Name _____ **Relationship** _____

Address _____ **City** _____ **State** _____ **Zip** _____

Home phone ( ) _____ **Work ( )** _____ **Cell ( )** _____

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BUSINESS/FEDERATION INFORMATION

The information that you provide us below will allow us to let our speakers know in advance the kind of audience that they are addressing (level of Jewish involvement, professional experience, etc.)

Participant 1: _____

Business/Profession _____ Title _____

Federation and/or community activities _____

Background _____

Participant 2: _____

Business/Profession _____ Title _____

Federation and/or community activities _____

Background _____

Signature of person actually completing application: _____

Print name _____ Date _____

Please scan and email or return this application by mail with your $1,000 payment for each person, along with a copy of your passport page to:

ATTENTION: Amy Zelenka
United Jewish Federation of Tidewater
5000 Corporate Woods Dr Suite 200
Virginia Beach, VA 23462
Tel: 757-965-6139 Email: azelenka@ujft.org

Missions to Argentina

The US State Department has issued a LEVEL I Travel Advisory for Americans traveling to Argentina. This means exercising **Normal Precautions**.

For more detailed information, please visit the State Department Website at:
https://travel.state.gov/content/travel/en/traveladvisories/traveladvisories/argentina-travel-advisory.html

I have read, or have had the opportunity to read, the current United States Department of State's Travel Warning for Argentina. I understand that, in advance of the mission, I may periodically check the State Department's website to see if the current Travel Warning has been superseded by a new Travel Warning.

I acknowledge and affirm that, notwithstanding any security arrangements that may be made by UJFT, UJFT does not guarantee and is not responsible for my personal safety or the safety of my property while participating in the Mission or any Mission-related activities, including, but not limited to: air or ground transportation, meals, lodging, and activities.

In light of the above and in consideration of participating on this Mission, I do, for myself, my spouse, heirs, executors, administrators and assigns, release and forever discharge UJFT, its respective subsidiaries, affiliates, predecessors, successors and assigns, and all of its respective past, present, and future officers, directors, shareholders, employees, agents, and contractors, and their respective heirs, executors, administrators and assigns (collectively, the "Releasees"), of and from any and every claim arising from or by reason of any bodily injury, personal injuries known or unknown (including emotional trauma), death, or property damage resulting or alleged to result from any accident, incident, or other episode that may occur, whether based upon the negligence of, or breach of contract by, any Releasee or any other party for whose acts or omissions any Releasee may be responsible in law or in fact, or any other cause or principle of law, as a result of my participation in the Mission or any activities in connection with the Mission.

This release contains the entire agreement between the parties to this release. This release supersedes any prior or contemporaneous agreements, understandings, and negotiations regarding its subject matter. This release shall be interpreted and enforced in accordance with the laws of the State of Virginia and shall be as broad and inclusive as permitted by such laws. If any provision of this release is held invalid, it is agreed that the balance shall, notwithstanding, continue in full force and legal effect.

I have carefully read the foregoing release and understand its contents, and I acknowledge that this is a release of liability, and such is a binding and fully enforceable contract between myself and UJFT.

Having consulted, or having had the opportunity to consult, my own counsel as to its meaning and legal effect, I sign this release as my own free act.

Adult 1: Name _____ **Signature** _____ **Date** _____

Adult 2: Name _____ **Signature** _____ **Date** _____

Photo/Image Release

I hereby grant permission, without reservation, to the United Jewish Federation of Tidewater (UJFT) 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 UJC and UJFT, 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 UJFT, 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 UJFT 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.

Adult 1: Name **Signature** **Date**

Complete address **Phone ( )**

Email

Adult 2: Name **Signature** **Date**

Complete address **Phone ( )**

Email

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Information and Assumption of the Risks Related to COVID-19.

I understand that there are certain dangers inherent in my participation in the Mission relating to the spread of COVID-19, which is contagious and presents a danger of illness, short- or long-term disability, and, in some cases, death, as well as potential transmission to others. I understand that risk of exposure to COVID-19 is present in any place where people are present. I also understand that there is a potential heightened risk related to COVID-19 for certain persons based on age, certain underlying medical conditions, or other factors.

More information about heightened risk factors can be found here: https://www.cdc.gov/coronavirus/2019ncov/need-extra-precautions/index.html. I understand that it is possible that contraction of and/or illness or other complications related to COVID-19 may occur while traveling to/from and during the Mission.

I agree that I have full knowledge of and assume the risks involved in participating in the Mission as they relate to COVID-19. I understand that my home country and/or the country to be visited on the Mission (Israel) may impose certain testing, quarantine, and other rules, requirements, and obligations related to COVID-19. I hereby agree to abide by any such rules, requirements, and obligations as may be in place while traveling to/from and during the Mission.

I further agree that I shall be solely responsible for any and all costs associated with abiding by such rules, requirements, and obligations, including those which may result in the need to extend my stay in Israel (such as in the event of a mandatorily imposed quarantine).

I also agree to abide by any rules, requirements, and obligations related to COVID-19 as may be imposed by United Jewish Federation of Tidewater or the Israeli government, during the Mission, including but not limited to requirements regarding social distancing and use of facial coverings or other personal protective equipment.

I hereby represent and warrant that I will not participate in the Mission of I incur or begin to show any symptoms of COVID-19 in the 14 days leading up to and inclusive of the date of departure for the Mission.
These symptoms include, but are not limited to, fever, cough, shortness of breath/difficulty breathing, or new loss of taste or smell (a full list of symptoms can be found here: https://www.cdc.gov/coronavirus/2019ncov/symptoms-testing/symptoms.html).

Adult 1: Name **Signature** **Date**

Complete address **Phone ( )**

Email

Adult 2: Name **Signature** **Date**

Complete address **Phone ( )**

Email