



ISRAEL

Departing December 2, 2018

a journey of discovery

Return completed application to:
Jewish Federation of the Lehigh Valley
702 North 22nd Street
Allentown, PA 18104
or Fax to 610-821-8946

Please reserve _____ space(s). A deposit of \$_____ is enclosed (\$500 per person)
Cancellations may result in land and/or air penalties.

PERSONAL INFORMATION

PARTICIPANT 1: T-shirt Size (please circle one) ADULT: S M L XL XXL 2X 3X

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**

EI Al Matmid #: Other Applicable Frequent Flyer Airline/Number:

Previous Trip to Israel: Yes No Previous Mission w/ a Federation: Yes No

If yes, Trip/Mission Name/Date:

PARTICIPANT 2: T-shirt Size (please circle one) ADULT: S M L XL XXL 2X 3X

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**

EI Al Matmid #: Other Applicable Frequent Flyer Airline/Number:

Previous Trip to Israel: Yes No Previous Mission w/ a Federation: Yes No

If yes, Trip/Mission Name/Date:

FOR OFFICE USE ONLY

Name of Federation: **Jewish Federation of the Lehigh Valley**

Mission #: Billing Code: Land Only: Application received by:

Date: Processed into system by: Date: Deposit check #: Deposit amount:



1a. Mailing Address/Telephone

PARTICIPANT 1:

Street		Apt./Suite #
City	State	Zip Code
Home phone ()	Work ()	Fax ()
E-mail	Mobile ()	

PARTICIPANT 2 (enter information *different* from Participant 1):

Street		Apt./Suite #
City	State	Zip Code
Home phone ()	Work ()	Fax ()
E-mail	Mobile ()	

1b. ADDRESS TO WHICH WE CAN SEND EXPRESS MAIL DURING THE DAY:

(This may be used for delivering tickets to you. Please note, we cannot send express mail to a P.O. Box.)

Name	Company	
Street		Suite #
City	State	Zip Code
Telephone ()		

TRAVEL INSURANCE

JFLV recommends that all mission participants review their own personal insurance coverage needs with their insurance advisors to determine if additional travel insurance is required providing for reimbursement for trip delay, trip interruption, missed connections, illness and/or accident medical expenses, lost baggage, personal effects, baggage delay, etc. While JFLV does not endorse a particular travel insurance program, Gil Travel, our air travel agent, offers Travelex travel insurance policies. They can be reviewed and purchased at <http://www.giltravel.com/travel-insurance.html>. In addition, there are many travel insurance resources on the internet, such as <http://www.insuremytrip.com> and <http://www.squaremouth.com>.



GROUND PACKAGE

Mission to Israel (December 2, 2018 – December 10, 2018)

NOTE: All participants will be registered as Land and Air and placed on the scheduled group mission flights unless they have indicated alternative flight arrangements on Page 4.

ROOM ASSIGNMENTS

Room Type - Please check applicable boxes:

<input type="checkbox"/> Double (2 persons)	<input type="checkbox"/> Non-smoking	<input type="checkbox"/> Shabbat Observant	<input type="checkbox"/> 1 bed
<input type="checkbox"/> Single Room *	<input type="checkbox"/> Smoking	<input type="checkbox"/> Room/Suite Upgrade requested **	<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 Smoking Non-Smoking Shabbat Observant

* **A Single Supplement surcharge will apply. If requested we will attempt to find roommates. If unsuccessful, participant will be subject to Single Supplement surcharges.**

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

DOMESTIC TRAVEL TO/FROM NEWARK INTERNATIONAL AIRPORT

1. **CHARTER BUS:** I/We will travel with the mission on the mission charter bus (additional charge will apply) as follows:

- Round Trip, or: One-Way to Newark airport on Sunday, December 2, 2018
 One-Way from Newark Airport to Lehigh Valley on Monday, December 10, 2018

2. **DOMESTIC AIR:** I/We wish to fly to Newark International Airport from _____ (city/airport) on _____/_____/____ and return to _____ (city/airport) on _____/_____/_____.

(The domestic add-on flight(s) and fare will be confirmed with you before purchasing. Unless you specify otherwise, the domestic flight will be in coach class.)



OUTBOUND INTERNATIONAL AIR TRAVEL TO ISRAEL

1. **GROUP TRAVEL**, depart with the Mission on Sunday, December 2, 2018.
2. **I/We do not wish to travel on the Group flight to Israel, but request that Gil Travel arrange the following flight:**

Date	Departure Time	AM / PM	Airline	Flight #
<i>Additional fees may apply. Fares will be confirmed before any tickets are booked.</i>				

If arriving early (before the main group), please reserve a (single/double) room **before** the mission at:
 _____ hotel in _____ (city) for _____ nights.
NOTE: Reservations will not be made unless this information is completed. Room rates will be confirmed with you.

3. **LAND ONLY**. *If you are arranging your own international flights, please provide your international flight information below.*

Date	Departure Time	AM / PM	Airline	Flight #
<i>Additional fees may apply. Fares will be confirmed before any tickets are booked.</i>				

If arriving early (before the main group), please reserve a (single/double) room **before** the mission at:
 _____ hotel in _____ (city) for _____ nights.
NOTE: Reservations will not be made unless this information is completed. Room rates will be confirmed with you.

RETURN INTERNATIONAL AIR TRAVEL TO US

1. **GROUP TRAVEL**, return with the Mission (Monday, December 10, 2018 per Ground Package on Page 3).
2. **I do not wish to be on the Group return flight, but request that Gil Travel arrange the following flight from Israel to the US:**

Date	Departure Time	AM / PM	Airline	Flight #
<i>Additional fees may apply. Fares will be confirmed before any tickets are booked.</i>				

3. **LAND ONLY**. *If you are arranging your own international flights, please provide your international return flight information below.*

Date	Departure Time	AM / PM	Airline	Flight #
<i>Additional fees may apply. Fares will be confirmed before any tickets are booked.</i>				

POST MISSION GROUND ARRANGEMENTS IN ISRAEL

1. **POST MISSION GROUND ARRANGEMENTS IN ISRAEL**

Please reserve a (single/double) room **after the mission** at:

_____ hotel in _____ (city) for _____ nights.
NOTE: Reservations will not be made unless this information is completed. Room rates will be confirmed with you.

Other arrangements (please describe) _____



SPECIAL TRAVEL REQUESTS

PARTICIPANT 1

SEATING: Coach Business* First Class* Other request (subject to availability): _____

DIETARY MEAL REQUESTS: Kosher** Vegetarian Other (please specify): _____

OTHER: _____

PARTICIPANT 2

SEATING: Coach Business* First Class* Other request (subject to availability): _____

DIETARY MEAL REQUESTS: Kosher** Vegetarian Other (please specify): _____

OTHER: _____

* *Additional charges apply, subject to availability.*

** *All meals on El Al are Kosher. If you require a particular level of Kashrut, please identify:* _____

MEDICAL & EMERGENCY INFORMATION

MEDICAL INFORMATION *(prescriptions, allergies, other pertinent medical condition information):*

Participant 1 _____

Participant 2 _____

EMERGENCY CONTACT INFORMATION:

Name _____ Relationship _____

Address _____ City _____ State _____ Zip _____

Home phone () _____ Work () _____ Mobile () _____

Name _____ Relationship _____

Address _____ City _____ State _____ Zip _____

Home phone () _____ Work () _____ Mobile () _____



CREDIT CARD INFORMATION AND CHARGE AUTHORIZATION

NOTE: All Mission Participants must provide credit card information to facilitate mission hotel reservations and confirmations.

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.

If you wish to pay your deposit or mission cost by credit card, you must complete the CHARGE AUTHORIZATION below.

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. 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.

Credit Card Charge Authorization for Mission Deposit and Mission Fee Payments

While payment by check (*payable to the Jewish Federation of the Lehigh Valley*) is preferred, we are pleased to offer the credit card charge as a convenience.

If you wish to pay your mission deposit or the balance of your mission costs by credit card, please complete the form below and return it with your application.

Charges to your credit card will be made as follows:

- DEPOSIT: \$500 per person will be charged upon receipt of your application.
- REMAINING MISSION BALANCES: The remaining mission balances will be charged to your credit card **AFTER** you have received a final mission billing statement from the Federation. Final balances will be charged approximately 40 days before the Mission is scheduled to leave the U.S.

I/we hereby authorize Jewish Federation of the Lehigh Valley to charge the credit card provided above in the manner described. I/we understand that these payments are necessary in order to reserve airline seats and hotel accommodations and/or to purchase such services. I/we further recognize that these payments are payments for services (i.e., airfare, hotels, bus, touring, meals, etc.) and are **not** charitable contributions.

PLEASE CHARGE THE CARD LISTED ABOVE: Deposit(s) Remaining Balances

Cardholder's Name (please print)

Cardholder's Signature



Mission Name: LEHIGH VALLEY JEWISH COMMUNITY MISSION TO ISRAEL
Date: December 2 – 10, 2018

MISSION APPLICATION SIGNATURE REQUIRED

Signature of person actually completing application _____

Print name _____ Date _____

Please return this application with your deposit payment for each person to:

**Jewish Federation of the Lehigh Valley
ATTN: Jeri Zimmerman
702 North 22nd Street
Allentown, PA 18104
jeri@jflv.org**

JFLV reserves the right to limit participation based upon eligibility requirements and space available.

PLEASE READ AND SIGN ALL THE RELEASE FORMS THAT FOLLOW



Mission Name: LEHIGH VALLEY JEWISH COMMUNITY MISSION TO ISRAEL
Date: December 2 – 10, 2018

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

Mission to Israel

I/We am/are aware of the risks of travel to Israel and travel worldwide, including risks associated with my/our safety and security. These risks include, but are not limited to, property damage and loss, death, or injury by accident, disease, or terrorist acts. I/We am/are voluntarily participating in the Jewish Federation of the Lehigh Valley/Jewish Federations of North America/Kenes Tours (“Tour Organizers”) Mission (the “Mission”) with a full understanding of these risks, and I/we assume and agree to accept any and all risks to my safety and security during the course of participating in the Mission.

I/We have read, or have had the opportunity to read, the current United States Department of State’s Travel Warning for Israel, Gaza, and the West Bank, attached hereto (see next page). I/We understand that, in advance of the mission, I/we may periodically check the State Department’s website, found at <http://www.travel.state.gov>, to see if the Travel Warning has been superseded by a new Travel Warning.

I/We acknowledge and affirm that, notwithstanding any security arrangements that may be made by Tour Organizers, Tour Organizers 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, airline travel, ground transportation, meals, lodging, and recreational activities.

In light of the above and in consideration of being permitted to participate in the Mission, I/We do, for myself, my spouse, heirs, executors, administrators and assigns, release and forever discharge Tour Organizers, 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 Commonwealth of Pennsylvania, 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/We have carefully read the foregoing release and understand its contents, and acknowledge that this is a release of liability and such is a binding and fully enforceable contract between myself and Tour Organizers.

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

Please sign:

NOTE: Tour Organizers requires that each adult 18 and over whose name appears on the same application, personally sign this security notice/release. Spouses, roommates, etc. may not sign for one another. Thank you for your cooperation.

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

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

US DEPARTMENT OF STATE – TRAVEL ADVISORY FOR ISRAEL, WEST BANK, AND GAZA

January 10, 2018

Source: <https://travel.state.gov/content/travel/en/traveladvisories/traveladvisories/israel-west-bank-and-gaza-travel-advisory.html>

Exercise increased caution in Israel due to **terrorism**. Some areas have increased risk. Read the entire Travel Advisory.

Do not travel to:

- Gaza due to **terrorism, civil unrest, and armed conflict**.

Reconsider travel to:

- The West Bank due to **terrorism, potentially violent civil unrest, and the potential for armed conflict**.

Terrorist groups and lone-wolf terrorists continue plotting possible attacks in Israel, the West Bank, and Gaza. Terrorists may attack with little or no warning, targeting tourist locations, transportation hubs, markets/shopping malls, and local government facilities. Violence can occur in Jerusalem and the West Bank without warning.

Jerusalem: Violent clashes and terror attacks have occurred throughout the city, including in the Old City. Acts of terrorism have resulted in death and injury to bystanders, including U.S. citizens. During periods of unrest, the Government of Israel may restrict access to and within portions of Jerusalem.

The U.S. government is unable to provide emergency services to U.S. citizens in Gaza as U.S. government employees are prohibited from traveling there.

U.S. government personnel can travel freely throughout Israel, except throughout the West Bank and for areas close to the borders with Gaza, Syria, Lebanon, and Egypt. Additionally, portions of Jerusalem are occasionally placed off limits. Read the Safety and Security section on the [country information page](#).

If you decide to travel to the areas covered in this document:

- Check the most recent Alerts at the [Embassy](#) and [Consulate General](#) websites for the latest information on travel in all of these areas.
- Maintain a high degree of situational awareness and exercise caution at all times, especially at checkpoints and other areas with a significant presence of security forces.
- Avoid demonstrations and crowds.
- Beware of and report to local police unattended items or packages.
- Follow the instructions of security and emergency response officials.
- Report suspicious activities or items to local police.
- Learn the location of the nearest bomb or other hardened shelter.
- Obtain comprehensive travel medical insurance that includes medical evacuation.
- Enroll in the [Smart Traveler Enrollment Program \(STEP\)](#) to receive Alerts and make it easier to locate you in an emergency.
- Follow the Department of State on [Facebook](#) and [Twitter](#).
- Review the [Crime and Safety Report](#) for Israel, the West Bank, and Gaza.
- U.S. citizens who travel abroad should always have a contingency plan for emergency situations. Review the [Traveler's Checklist](#).



Gaza

Hamas, a U.S. government-designated foreign terrorist organization, controls security in Gaza. The security environment within Gaza and on its borders is dangerous and volatile.

Demonstrations occur on a frequent basis and may turn violent without warning. Sporadic mortar or rocket fire and corresponding Israeli military responses may occur at any time. U.S. government employees are not allowed to travel to Gaza and are restricted from traveling close to the Gaza border areas. Visit our website for [Travel to High Risk Areas](#).

The West Bank

Terror attacks and violent clashes in the West Bank have resulted in the deaths and injury of U.S. citizens and others. During periods of unrest, the Government of Israel may restrict access to and within the West Bank, and some areas may be placed under curfew. Visit our website for [Travel to High Risk Areas](#).

Restrictions on U.S. Government Employee Travel

- U.S. government official travel into the West Bank is conducted only with enhanced security measures. U.S. government employees are largely restricted from most personal travel in the West Bank, though portions of the West Bank are occasionally authorized for personal travel, depending on the security environment.
- U.S. government personnel take additional security precautions when visiting refugee camps and “seam areas” where Israelis and Palestinians are in proximity to each other, and which have historically been flashpoints for violence. For example, sites with significant religious meaning to multiple faiths can be subject to violent protests or security incidents with little or no warning, especially during or around significant religious holidays.
- The U.S. government occasionally restricts travel for its employees to Jerusalem’s Old City based on the security environment. U.S. government employees are prohibited from personal travel into Jerusalem’s Old City on Fridays during the Muslim month of Ramadan.
- U.S. government employees are prohibited from using public buses and public bus terminals throughout the area covered in this advisory.
- U.S. government employees must observe additional security requirements if traveling for any reason to the following locations:
 - Within 7 miles of the Gaza demarcation line;
 - Within 1.5 miles of the Lebanon border;
 - East of Route 98 in the Golan; and
 - Within 1.5 miles of the Egypt border along the Sinai (including all portions of Route 10 and portions of Route 12).

Participant #1 Name	Signature	Date
Complete address		Telephone ()
Email		Fax ()

Participant #2 Name	Signature	Date
Complete address		Telephone ()
Email		Fax ()



Mission Name: LEHIGH VALLEY JEWISH COMMUNITY MISSION TO ISRAEL
Date: December 2 – 10, 2018

PHOTO/IMAGE RELEASE

I/we hereby grant the permission, without reservation, to Jewish Federation of the Lehigh Valley/Jewish Federations of North America/Kenes Tours (“Tour Organizers”) to take and to use photographs and/or sound/image recordings of me/us, to describe and to use the same for promotion of good will, public education, and/or fundraising and other related activities of Tour Organizers, and I/we waive any right to inspect or approve the photograph(s) or finished version(s) of works, including web sites, incorporating the photograph(s).

I/we release Tour Organizers, its officers, trustees, agents, employees, independent contractors, licensees and assignees (including photographers), from all claims that I/we 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/we recognize that Tour Organizers owns the copyright (or may apply for copyright) in these photographs and other works and creations, and I/we hereby waive any claims I/we 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, and/or 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/we am of full age and competent to sign this release. I/we agree that this release shall be binding on me, my legal representatives, heirs, and assigns. I/we have read this release and I/we fully understand its contents.

Participant #1 Name _____ Signature _____ Date _____

Complete address _____ Telephone () _____

Email _____ Fax () _____

Participant #2 Name _____ Signature _____ Date _____

Complete address _____ Telephone () _____

Email _____ Fax () _____