



# WOMEN'S MISSION TO ISRAEL

November 1 – November 10, 2009

**COST: \$2,999 Land Only (based on double occupancy)  
\$890 single supplement**

## Extension to Petra, Jordan

November 10 – November 12, 2009

**COST: \$950 (based on double occupancy)  
\$175 single supplement**

**(Please Print Information Clearly)**

1. Number of Participants Registering: \_\_\_\_\_ **THE JEWISH FEDERATION WILL CHARGE YOUR CREDIT CARD \$500 PER PERSON DEPOSIT UPON RECEIPT OF YOUR APPLICATION. FINAL PAYMENT IS DUE AUGUST 1, 2009.**
2. NAME OF FEDERATION: THE UNITED JEWISH FEDERATION OF SAN DIEGO
3. PERSONAL INFORMATION (indicate title -- Mrs., Ms., Dr., Rabbi, etc.)

**Participant 1:** \_\_\_\_\_  
 Title \_\_\_\_\_ Full name exactly as appears on passport \_\_\_\_\_ Name as you'd like it on name tag \_\_\_\_\_  
 (Last, First, Middle)

Date of birth \_\_\_/\_\_\_/\_\_\_ Passport # \_\_\_\_\_ Country of issue \_\_\_\_\_  
 Month/Day/Year

Exp. Date \_\_\_/\_\_\_/\_\_\_ \* FREQUENT FLYER OR EL AL MATMID #: \_\_\_\_\_

Previous UJC Mission: Yes \_\_\_\_\_ No \_\_\_\_\_ Mission Name/Date: \_\_\_\_\_  
 Previous Trip to Israel: Yes \_\_\_\_\_ No \_\_\_\_\_ Date: \_\_\_\_\_

**Participant 2:** \_\_\_\_\_  
 Title \_\_\_\_\_ Full name exactly as appears on passport \_\_\_\_\_ Name as you'd like it on name tag \_\_\_\_\_  
 (Last, First, Middle)

Date of birth \_\_\_/\_\_\_/\_\_\_ Passport # \_\_\_\_\_ Country of issue \_\_\_\_\_  
 Month/Day/Year

Exp. Date \_\_\_/\_\_\_/\_\_\_ \* FREQUENT FLYER OR EL AL MATMID #: \_\_\_\_\_

Previous UJC Mission: Yes \_\_\_\_\_ No \_\_\_\_\_ Mission Name/Date: \_\_\_\_\_  
 Previous Trip to Israel: Yes \_\_\_\_\_ No \_\_\_\_\_ Date: \_\_\_\_\_

**Note: Passports must be valid for at least six months beyond the return date of the mission**

4a. MAILING ADDRESS/TELEPHONE (Participant 1): Street \_\_\_\_\_  
 Apt. /Suite # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_  
 Home telephone ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_  
 E-mail address \_\_\_\_\_ Cellular Phone: ( ) \_\_\_\_\_

**FOR FEDERATION USE ONLY:** Application approved by (Federation professional) \_\_\_\_\_ Date \_\_\_\_\_  
 Mission # \_\_\_\_\_ Billing code: \_\_\_\_\_ Land only \_\_\_\_\_ Application received by \_\_\_\_\_ on \_\_\_\_\_  
 \_\_\_\_\_ Processed into system by \_\_\_\_\_ on \_\_\_\_\_ Deposit check # \_\_\_\_\_ Deposit Amount \_\_\_\_\_

**MAILING ADDRESS/TELEPHONE (Participant 2 - if different than above):**

Street \_\_\_\_\_

Apt. /Suite # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Home telephone ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

E-mail address \_\_\_\_\_ Cellular Phone: ( ) \_\_\_\_\_

**4b. ADDRESS TO WHICH WE CAN SEND EXPRESS MAIL DURING THE DAY: Please note we cannot send express mail to a P.O. Box.**

Name \_\_\_\_\_ Company \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_ Phone ( ) \_\_\_\_\_

**Room Assignments**

**5. ROOMING ASSIGNMENTS: Number of rooms required \_\_\_\_\_. Please check the following option(s):**

**SINGLE ROOM (\$890 single supplement)**

**DOUBLE ROOM - Names of Participants in Room \_\_\_\_\_**

**Billing/Payment**

To make the payment of your Mission fees easier for you, we accept Master Card, American Express and VISA for charging the cost of the basic mission and extension only. Alternatively, please send a check made payable to UJF and write "Women's Mission Nov 2009" in the memo field.

Charges to your credit card will be made as follows:

- \$500.00 upon receipt of this application
- Up to 50% of the cost of the Mission will be charged on August 1, 2009 (90 days before the Mission is scheduled to leave US)
- Unpaid balances will be charged in full by September 1, 2009 (60 days before Mission is scheduled to leave US)

I hereby authorize The United Jewish Federation of San Diego County to charge the credit card provided below. I understand that these payments are necessary in order to reserve hotel accommodations. I further recognize that these payments are payments for services (i.e., hotels, etc.) and not charitable contributions.

\_\_\_\_\_  
**Signature of Participant**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Mission Name**

**6a. Credit Card for Mission** (please check one):

Visa \_\_\_\_\_ Master Card: \_\_\_\_\_ Amex \_\_\_\_\_

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

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

**6b. Credit Card for Incidentals** (guests, specially arranged hotel transfers, room service, laundry service, telephone calls, or anything not included in the basic cost of the mission itself): **(please check one):**

Visa \_\_\_\_\_ Master Card: \_\_\_\_\_ Amex \_\_\_\_\_

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

**Credit Card Validation/Security Code # (CVV):** \_\_\_\_\_ See explanation in 7a.

Cardholder's Name: \_\_\_\_\_ Cardholder's Signature: \_\_\_\_\_

**Charge incidentals AND cost of mission to the Mission credit card number given in 6a.**

**Cancellation Policy**

- For cancellations received up to 90 days prior to Mission start date, the cancellation fee will be the non-refundable \$500 deposit.
- For cancellations received between 89 days and 60 days prior to Mission start date, the cancellation fee will be 25% of the full cost of the Mission to Israel.
- For cancellations received between 59 days and 22 days prior to Mission start date, the cancellation fee will be 50% of the full cost of the Mission to Israel.
- For cancellations received within 21 days prior to Mission start date, no refund will be given.

**Travel**

**You are responsible to arrange your own travel arrangements.** A block of airline reservations are being held.

**Please check here if you are interested in the group flight to/from Israel.** (Air Fare: tba)

**Subsidy (Optional)**

\$1000 Subsidy per person may be available. Restrictions apply. Anyone who has received a UJF subsidy in the past 5 years is not eligible for subsidy for this Women's Mission.

**Check here if you are interested in the \$1000 optional subsidy.**

**Minimum Gift to the 2010 UJF Annual Women's Campaign**

**Please Check Here:**  **I understand that there is a required minimum gift of \$500 to the 2010 UJF Annual Women's Campaign.**

**IMPORTANT MEDICAL/EMERGENCY INFORMATION**

**Please print clearly**

**9. Allergies, prescription medication, illness/presently under physician's care, etc.**

**For Participant 1: Allergies:** \_\_\_\_\_

**Prescriptions:** \_\_\_\_\_

**Medical Conditions:** \_\_\_\_\_

**For Participant 2: Allergies:** \_\_\_\_\_

**Prescriptions:** \_\_\_\_\_

**Medical Conditions:** \_\_\_\_\_

**10. Emergency contact: For Participant 1:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Emergency contact: For Participant 2: (if different than above)**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

**11. BUSINESS/FEDERATION INFORMATION**

**Participant 1** – Business/profession \_\_\_\_\_ Title \_\_\_\_\_

Federation and /or community activities \_\_\_\_\_

**Participant 2** - Business/profession \_\_\_\_\_ Title \_\_\_\_\_

Federation and /or community activities \_\_\_\_\_

**12: SIGNATURE OF PERSON ACTUALLY COMPLETING APPLICATION** \_\_\_\_\_

Please print name \_\_\_\_\_ Date: \_\_\_\_\_

**The United Jewish Federation of San Diego reserves the right to limit participation based upon eligibility requirements and space available.**

**PLEASE RETURN YOUR APPLICATION,  
ALONG WITH YOUR DEPOSIT, AS SOON AS POSSIBLE TO:**

**UNITED JEWISH FEDERATION OF SAN DIEGO  
ATTN: DEBBIE KEMPINKSI  
4950 MURPHY CANYON ROAD  
SAN DIEGO, CA 92123**

**OR**

**IF PAYING BY CREDIT CARD YOU MAY FAX YOUR APPLICATION TO:  
DEBBIE KEMPINSKI – 858-571-0701**



## ACKNOWLEDGMENT, AGREEMENT AND RELEASE

Thank you for joining the United Jewish Federation's ("UJF") San Diego Women's Mission to Israel. The Israel Trip is coordinated and led by DAAT TRAVEL ("Trip Organizer"), which is not an affiliate of UJF. In consideration of UJF accepting your application, you, the undersigned Participant ("Participant"), acknowledge and agree to the following terms and conditions.

1. **Participant hereby acknowledges that :** (i) Participant will be traveling to participate in an educational trip to cities and other locations in Israel or to volunteer in Israel; and (ii) UJF is not the operator of the Israel Trip and is not affiliated with and does not supervise or direct the activities of Trip Organizer; and (iii) Participant must participate in the Israel Trip pursuant to the terms and responsibility of the Trip Organizer and not UJF.

2. **Participant hereby further acknowledges that:** (i) Participant is aware of risks of travel to Israel, including risks associated with safety and security, and has read, or has had the opportunity to read, the U.S. Department of State's Travel Warnings for travel to Israel, the West Bank and Gaza (found at <http://www.travel.state.gov>), encouraging U.S. citizens to defer such travel, and for U.S. citizens already there, to avoid certain locations including, but not limited to, crowded venues, pedestrian zones, public buses, bus stops, shopping areas, malls, restaurants and cafes; and (ii) Participant understands that risks of travel on the Israel Trip include, but are not limited to, property damage and loss, death or injury by accident, disease, terrorist attacks, or military action or by any of the activities that Participant may engage in while on the Trip, including, but not limited to, water activities, hiking and climbing on steep, rocky and/or slippery terrain, outdoor sleeping, and transportation by land, air and water. ***Participant expressly and freely assumes any and all risks of death, bodily injury, or property damage sustained while participating in or otherwise arising in connection with the Israel Trip.***

3. **Participant hereby further acknowledges:** (i) that Participant has read about the Israel Trip, including all terms and conditions regarding deposits, refunds, cancellations, liability, and understands that changes in dates, itinerary, leadership, activities, accommodations, or transportation may be necessary; (ii) that Participant is in good health and knows of no medical and or personal reasons why he/she should not participate in the Israel Trip; and (iii) UJF does not carry or maintain any health, medical, disability, damage, or other liability insurance coverage or life insurance coverage for the benefit of Participant, and expressly disclaims any responsibility or obligation to do so.

4. **In light of the above and in consideration of being permitted to participate in the mission, Participant, for himself/herself and his/her respective heirs, successors and assigns, hereby and forever releases and discharges UJF and its members, directors, trustees, officers, employees, contractors, agents, affiliates, agencies, synagogues, successors and assigns (collectively "Releasees"), from any and all claims and demands of every kind and nature, known or unknown, for damages, losses, liabilities, costs and expenses, actual or consequential, past, present and future, arising out of or in any way related to Participant's travel to Israel, participation in and involvement with the Israel Trip and Trip Organizer *even if such damages, losses, liabilities, costs and expenses arise in part or in whole out of the negligence or carelessness of Releasees.* Further, Releasees shall not have responsibility or liability whatsoever for any action or omission of Trip Organizer or any of Trip Organizer's employees or agents.**

**Participant hereby expressly waives** the provisions of Section 1542 of the Civil Code of the State of California which reads as follows: "A general release does not extend to claims which the creditor does not know or suspect to exist in his or her favor at the time of executing the release, which if known by him or her must have materially affected his or her settlement with the debtor."

5. **Participant hereby represents and warrants:** (i) that this Acknowledgment, Agreement and Release ("Release") is executed without reliance upon any statement or representation by any of the Releasees, or their respective representatives, concerning the nature and extent of damages, if any, and of legal liability, if any; and (ii) that, unless the Parent or Guardian Waiver set forth below has been fully executed, Participant is of legal age, legally competent and authorized to execute this Release.

6. If any provision of this Release is held to be invalid, it is agreed that the balance of this Release shall be enforceable in accordance with its terms. This Release will be governed by and construed according to the laws of the State of California. The parties hereby expressly consent to the personal jurisdiction of the state and federal courts located in San Diego County, California for any lawsuit arising from or related to this Release.

7. In the event of any matter involving this Release, the person(s) not prevailing shall pay the attorneys' fees and costs of the person(s) prevailing in any such matter.

**I am at least 18 years of age and competent to sign this release. I have read this Release in its entirety and understand its contents. I have consulted, or have had the opportunity to consult, my own legal counsel as to the Release's meaning and legal effect. I am freely and voluntarily signing this Release, aware that this Release is a legally binding document and I am releasing significant legal rights. This Release shall be binding on me, my legal representatives, heirs and assigns.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Trip

\_\_\_\_\_  
Printed name of Participant

\_\_\_\_\_  
Signature of Participant (18 years of age or older )



## Photo or Other Recording Release

Participant hereby authorizes UJF (i) to take, produce and use Participant's recorded voice or image, written materials, and/or photographs (digital or film) in which Participant may be included in whole or in part (the "Authorized Materials"), in connection with UJF marketing materials, promotion, media dissemination and fundraising (the "Authorized Uses"), (ii) to use the Authorized Materials in conjunction with Participant's first and/or last name, a fictitious name or without identification; and (iii) to retain all rights, title and interest Participant may have in the Authorized Materials, including the right to copyright, use, publish, exhibit and broadcast the Authorized Materials for the Authorized Use.

**I am at least 18 years of age and competent to sign this release. I have read this Release in its entirety and understand its contents. I am freely and voluntarily signing this Release.**

\_\_\_\_\_

Date

\_\_\_\_\_

Trip

\_\_\_\_\_

Printed name of Participant

\_\_\_\_\_

Signature of Participant (18 years of age or older )