



קרן בית חיל האוויר

ISRAEL AIR FORCE CENTER FOUNDATION

Mission to Israel Registration Form

June 17 to June 26, 2015

Registration must be completed by May 20, 2015 due to Security

Please Note That Mission Itinerary Is Subject To Change At Any Time

PARTICIPANT 1 (exactly as on passport)

NAME: (Title/First/Middle/Last)		Date of Birth:
Name as you would like it to appear on name tag:		Place of Birth:
Address: (Street/City/State./Zip)		Email:
Passport Number:	Date of Issue:	Home/Office Number:
Date of Expiration:	Nationality:	Mobile Number:
Emergency Contact Number: (Name/Relationship/Phone)		Shirt Size: (S/M/L/XL)

PARTICIPANT 2 (exactly as on passport)

Relationship to above participant _____

NAME: (Title/First/Middle/Last)		Date of Birth:
Name as you would like it to appear on name tag:		Place of Birth:
Address: (Street/City/State./Zip)		Email:
Passport Number:	Date of Issue:	Home/Office Number:
Date of Expiration:	Issuing Country:	Mobile Number:
Emergency Contact Number: (Name/Relationship/Phone)		Shirt Size: (S/M/L/XL)
Does anyone in your party have any special dietary restrictions?		

❖ Please note that your passport must be valid for at least 6 months



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CHILD PARTICIPANT

First Name:	Passport Number:	Issuing Country:	Exp. Date:	Date of Birth:	Shirt Size (S/M/L/XL):

Name as you would like it to appear on name tag:

LAND PACKAGE

Single Occupancy	\$3,661.00
Double Occupancy – Per Couple	\$5,500.00
3 rd Person in Room (Age 2-18)	\$1,900.00
Minimum Contribution	\$1,000.00
TOTAL SUM:	\$

DEPOSIT ENCLOSED (\$1,750.00 non-refundable deposit due at time of registration)	\$
BALANCE (Due in Full by May 20, 2015)	\$

PRE & POST MISSION Hotel Accommodation	Price Per Night	Dates	Number of Nights	Total
Double Occupancy	\$313.00			\$
Single Occupancy	\$292.00			\$
TOTAL SUM:				\$

Accommodation Upgrades: Upgrades are available upon request for an additional fee. Please note upgrades must be paid at time of booking in order to confirm. Room upgrades are non-refundable and are above and beyond the cancellation policy.



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PAYMENT – Final Payment Due By May 20, 2015

Enclosed is a check payable to: IAFC Foundation Inc.

Israel Air Force Center Foundation Inc.
136 El Camino Drive, Suite 201
Beverly Hills, CA 90212

I hereby authorize the Israel Air Force Center Foundation, Inc. to charge my:

Visa MC Other

Credit Card #:	Expiration Date:
Signature:	Date:
Name as it appears on card:	

Mission payment does not include:

- Transportation from/to airport, airfare transportation between point of origin and airport of departure; passport fees, travel and baggage insurance; personal expenses and tips.
- Health, travel and baggage insurance are the responsibility of each participant, and are not included in the mission costs.

For information on how to register or if you have registered and require more information, please contact:

IAFC Foundation office:
Phone: (310) 274-2314
Email: info@iafcenter.org

Flight Information:

Last Name	First Name	Airline	Flight Number	Arrival Date	Arrival Time	Airline	Flight Number	Departing Date	Departing Time



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TERMS AND CONDITIONS

Reservation and Deposits: A \$1,750.00 **non-refundable** deposit per person is required at time of registration. Final balance must be paid by May 20, 2015.

Cancellations: There is a **non-refundable** deposit due upon registration. Refunds for cancellations made less than 4 weeks prior to trip are at the discretion of the IAFC Foundation.

General Information: All rooms will be non-smoking. The IAFCF Inc. reserves the right to change any hotels listed for any or similar category of accommodation.

Emergency Contact: I have personally spoken to the listed emergency contact people and in the event of accident, injury, illness or death I hereby authorize them to handle any and all arrangements associated with transporting me and/or my remains in accordance to my specific instructions to them prior to my departure for this tour.

Further, I have communicated with same and made the necessary financial arrangements, should it need to arise, to transport me or my remains respectfully. I hereby release Eshet Tours and its representatives of any liability associated with any loss, accident, injury or death.

Passport Requirement: A valid passport is required with 6 months remaining until expiration from the date of return.

Photo Release: I hereby grant permission without reservation to the Israel Air Force Center Foundation to take or make and/or have taken or made photographs and/or sound/image/video recordings of my family and me during the mission and/or during the events related to the mission and to use and/or otherwise describe the same for promotion of good will, public education, fundraising and/or promotional activities of the Israel Air Force Center Foundation. I hereby release the Israel Air Force Center Foundation, its officers, directors, agents, employees, independent contractors, licensees, photographers, and assignees from any and all claims that I now have or in the future may have, relating to the above, including but not limited to any sound/image/video recordings described above.

Security Notice: By signing below, I affirm that I understand the risks associated with international travel and that the Israel Air Force Center Foundation, Inc. is not responsible for any loss, damage, or injury to any mission participant or any belongings of that participant.

Responsibility and Acknowledgement: Israel Air Force Center Foundation, Inc. shall not, in any way, be liable for injury; damage; loss; death; accident; delay or irregularity to any person or property.

I understand that there is a \$1,750.00 per person **non-refundable** fee (deposit), regardless of the time of cancellation or circumstances, if I am unable to attend. I also understand that any and all itineraries are subject to change due to security or other reasons. I do not hold the Israel Air Force Center Foundation, Inc. financially or in any other way responsible for changes to any and all parts of this trip due to any and all unforeseen or uncontrollable circumstances. I have also read, understand and willfully comply with payment schedule, cancellation policy and the terms and conditions of this tour.

I have read the Terms and Conditions pertaining to this tour and fully understand and agree with its context.

The signature of each mission participant is required.

Participant 1 Signature: _____ **Date:** _____

Participant 2 Signature: _____ **Date:** _____