



REGISTRATION FORM
Walk Israel with CFHU - Sunday, March 3 to Friday, March 8, 2019

Walk Israel Land Package: March 3-8, 2019 **USD \$1,950** per person double occupancy or single supplement **USD \$360**

All taxes are included in the above land package prices. All air arrangements are additional.

For all inclusions pertaining to land arrangements - Please see itinerary.

All prices are quoted in US dollars. In the event of changes in tariffs or the local government taxes, or fluctuation in rates of exchange, Uniglobe One Travel reserves the right to adjust the prices to reflect these changes.

***Please note at time of payment your Canadian credit card will be charged at the current USD to CAD exchange rate.**

UNIGLOBE ONE TRAVEL IS UNABLE TO PROCESS US CREDIT CARDS.

ALL PAYMENTS MUST BE WITH A CANADIAN CREDIT CARD, WITH A USD CHEQUE, OR MONEY ORDER.

Participant 1

Participant 2

Name(s) as it appears on your passport

Preferred Name(s)

Address

Address Line 2

Home / Cell

Business

Email

Passport #

Passport Expiry Date

Nationality

Date of Birth

Emergency Contact 1

Emergency Contact 2

***Passport(s) must be valid 6 months past return to Canada**

Enclosed is my deposit payable to Canadian Friends of the Hebrew Univ. in the amount of \$500 USD pp x _____ Total \$ _____

Please charge my VISA MASTERCARD AMEX

Card Number: _____ Expiry Date _____

Card Holder Name: _____ Signature: _____

Final payment is due on or before January 20, 2019

Cancellation penalties are as follows: Non refundable 30 days prior to departure date.

DISCLAIMER: I release Canadian Friends of the Hebrew University their officers, directors, and employees from any liability, of any nature whatsoever arising from or in connection with the 2019 Walk Israel with CFHU tour.

Signature(s) _____

Yes, I/we are planning on attending & will contact Neal Chark at Uniglobe One Travel for my/our international travel arrangements.

Yes, I/we are planning on attending & will make my/our own international flight arrangements. **Please advise CFHU of your flight arrangements once confirmed.**

***It is strongly recommended that you take out trip cancellation insurance and out-of-province/country emergency medical insurance. Please contact Neal Chark for your appropriate options.**

This form can be returned by email to vanc@cfhu.org or by fax to 604.257.5144

Please send your signed medical form in along with this registration form.