

OCTOBER 26 – NOVEMBER 5



2017

Israel InSight

A Journey of Discovery

TRAVEL RELEASE FORM

1 TRAVELER INFORMATION One form per traveler

MR. MRS. DR. MS. MISS

NAME (AS IT APPEARS ON PASSPORT) _____

ADDRESS _____

CITY _____ PROVINCE _____ POSTAL CODE _____

EMAIL _____

DATE OF BIRTH: MONTH _____ DAY _____ YEAR _____

PLACE OF BIRTH _____

HOME PHONE _____

CELL PHONE _____

BUSINESS PHONE _____

FAX _____

2 EMERGENCY CONTACT INFORMATION

MR. MRS. DR. MS. MISS

NAME _____

ADDRESS _____

CITY _____ PROVINCE _____ POSTAL CODE _____

EMAIL _____

RELATIONSHIP _____

HOME PHONE _____

CELL PHONE _____

BUSINESS PHONE _____

FAX _____

I release the trip organizers from any liability of any nature whatsoever, arising from or in connection with this trip. I hereby grant permission, without reservation to the trip organizers to use my name and to take and use photographs and/or sound and image recordings of me. I further release the trip organizers, chairs and Israel Bonds from any and all claims that I may have for any cause of action arising out of the use of my name and/or image. I certify that I have carefully read this document, fully understand its contents and agree to be bound hereby.

SIGNATURE

DATE

For further information or to register for the trip, please contact:
 Sara Zagdanski T. 416.481.0499 or at zigzagis@rogers.com

Your Chairs:
Barry Zagdanski, Nelly Zagdanski, Sara Zagdanski

With the participation of:

