

# COME HOME TO YERUSHALAYIM

JOIN THE AMIT FAMILY & THOUSANDS OF OTHERS AS WE CELEBRATE THE 50<sup>TH</sup> ANNIVERSARY OF

## THE REUNIFICATION OF *Our Eternal Capital*



### 1. Please reserve \_\_\_\_\_ space(s) for the mission.

#### Name(s)

LIST FIRST, MIDDLE AND LAST NAMES **EXACTLY** AS THEY APPEAR ON YOUR PASSPORT. **Passport must be valid for six months past the return date of this mission.**

Mr. & Mrs.     Mr. & Ms.     Mr.     Mrs.     Ms.     Other: \_\_\_\_\_  
(please specify)

#### Name (FIRST, MIDDLE AND LAST NAMES MUST BE EXACTLY AS WRITTEN ON PASSPORT)

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Passport # \_\_\_\_\_ Place of Issue and Citizenship \_\_\_\_\_

Issue Date (m/d/y) \_\_\_\_\_ Expiration Date (m/d/y) \_\_\_\_\_

Place of Birth \_\_\_\_\_ Date of Birth (m/d/y) \_\_\_\_\_

#### Spouse/Guest (FIRST, MIDDLE AND LAST NAMES MUST BE EXACTLY AS WRITTEN ON PASSPORT)

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Passport # \_\_\_\_\_ Place of Issue and Citizenship \_\_\_\_\_

Issue Date (m/d/y) \_\_\_\_\_ Expiration Date (m/d/y) \_\_\_\_\_

Place of Birth \_\_\_\_\_ Date of Birth (m/d/y) \_\_\_\_\_

Relationship to Principal \_\_\_\_\_

### 2. Home Information

Street \_\_\_\_\_ Apt. \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_ Fax \_\_\_\_\_

E-Mail(s) \_\_\_\_\_

#### Business Information (principal)

Profession \_\_\_\_\_ Title \_\_\_\_\_ Firm \_\_\_\_\_

Street \_\_\_\_\_ Floor/Suite \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

#### Business Information (spouse/guest)

Profession \_\_\_\_\_ Title \_\_\_\_\_ Firm \_\_\_\_\_

Street \_\_\_\_\_ Floor/Suite \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Please specify your primary mailing address:     home     business (principal)     business (spouse/guest)

**3. Medical Information (required for each participant listed on application)**

(Rating guide: 1 = poor walker; 2 = difficulty with distances or steps; 3 = fairly comfortable; 4 = average walker; 5 = walks with ease; 6 = able to hike)

Name \_\_\_\_\_  
Health Issues \_\_\_\_\_  
Medicine \_\_\_\_\_  
Rate your level of mobility: \_\_\_\_\_

Name \_\_\_\_\_  
Health Issues \_\_\_\_\_  
Medicine \_\_\_\_\_  
Rate your level of mobility: \_\_\_\_\_

**4. Emergency Contact (required)**

Name \_\_\_\_\_  
Business Phone \_\_\_\_\_  
E-mail \_\_\_\_\_

Relationship to Participant(s) \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_

**5. Flight Arrangements**

*Mission programming will begin with dinner in Israel on Sunday, May 21<sup>st</sup> at the David Citadel Hotel and will conclude at noon in Israel on Thursday, May 25<sup>th</sup>.*

**Suggested Flight:**

**To Israel: Saturday, May 20, 2017: El Al #8 departing JFK @ 11:30pm arriving Tel Aviv Sunday, May 21, 2017 @ 4:55pm.**

**From Israel: Thursday, May 25, 2017: El Al #11 departing Tel Aviv @ 4:00pm, arriving JFK Thursday, May 25, 2017 @ 8:40pm.**

We wish to be contacted for assistance with flights (Claude Hakim, Field Travel: 718-575-9800, [mrfield@verizon.net](mailto:mrfield@verizon.net))

We will arrange our own flights. Here is our flight itinerary (**required**):

**Arriving in Israel:** \_\_\_\_\_

Service Class  Economy  Business/First

**Departing from Israel:** \_\_\_\_\_

Service Class  Economy  Business/First

**6. Rooming Arrangements**

*Premium Superior Rooms have been reserved at the David Citadel Hotel and Jerusalem Rooms at the Dan Panorama Hotel. Please contact Sara Cherny (212.792.5690, [SaraC@amitchildren.org](mailto:SaraC@amitchildren.org)) to discuss pricing and availability of rooms/suites in other categories. Variances in cost will be detailed on your bill. All costs subject to confirmation and booking.*

Please select a type of room:  **Single room** (additional single supplement will apply) **OR**  **Double room**

Please select hotel choice:  **David Citadel Hotel/5-star. \$1,995 per person, double occupancy**

**Dan Panorama Hotel/4-star. \$1,599 per person, double occupancy**

**I would like to room with** (if other than spouse/guest) \_\_\_\_\_

**7. Rooming Arrangements (Continued)**

**I will arrive and/or depart before/after the mission dates. Please arrange my hotel reservation(s) as follows:**  
*(additional costs will apply)*

Arrival: \_\_\_\_\_  
*(date/time)*

Departure: \_\_\_\_\_  
*(date/time)*

**8. Transfers and VIP Airport Assistance**

*Airport transfers for those participants on the suggested flights will be available at no additional cost. Individual transfers can be arranged at an additional cost and will be added to your bill. Costs will be confirmed as services are requested. Smaller groups of participants arriving and/or departing on the same flight(s) will be transferred together (costs will be divided).*

**Please arrange for transfers.**

*All flight details must be provided in section 6. Please select as many as required.*

**Transfer from the airport to the mission hotel.**  
*Exact meeting point TBA.*

**Transfer from the mission hotel to the airport.**

**Other**

*If you would like to be dropped off or picked up at a place other than the hotel, specify the exact address and times.*

Pick up from: \_\_\_\_\_

Transfer to: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Contact number (**must be provided**): \_\_\_\_\_

**Please arrange VIP assistance for me/us at Ben Gurion International airport in Israel (additional cost applies).**

*All flight details must be provided in section 6. You will be met at the plane door.*

**On Arrival:**  
Number of Passengers \_\_\_\_\_

**On Departure:**  
Number of Passengers \_\_\_\_\_

**9. Photo/Image Release**

I hereby grant the permission, without reservation, to AMIT to take and to use photographs and/or sound/image recordings of me (“Images”) to describe and to use the same for promotion of good will, public education, and/or fundraising and other related activities of AMIT, without compensation to me, and I waive any right to inspect or approve the images or finished version(s) of works, including a website, incorporating the images.

I release AMIT and its officers, trustees, agents, employees, independent contractors, licensees, and assignees, including photographers (“Releasees”), from all claims I may have or might have for any cause of action arising out of taking and/or use of the Images, and/or descriptions of the same, be it blurring, distortion, alteration, optical illusion, or use of a composite, whether intentional or otherwise, that may occur or be produced in the 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.

This Authorization releases the Releasees from (a) any and all statutory of common law claims; (b) any and all claims, whether under statute or common law, based on the rights of privacy, publicity, or other theories associated with the Image(s) and/or the use thereof; (c) any and all claims under theories of defamation, slander, libel, intentional or negligent infliction of emotional distress, false light publicity or any other theory of recovery based in whole or in part on the use of the Image(s).

I recognize that AMIT owns the copyright (or may apply for the copyright) of these Images and other works and creations, and I hereby waive any claims I may have based on any usage of the Images or works derived there from in any form, whether it be printed, projected, televised, or transmitted via the Web, or/and at anytime, be it in the present or in the future, including, but not limited to, claims for either invasions of privacy or libel.

I am of full age and competent to sign this release. I agree that this release shall be binding on me, my legal representatives, my heirs, and my assigns. I have read this release, and I fully understand its contents, and sign it voluntarily.

I understand that I may revoke this authorization at any time, except to the extent that action has already been taken in reliance on this Authorization.

#### 10. NOTICE OF RISKS OF TRAVEL TO ISRAEL AND ELSEWHERE, RELEASE, AND SIGNATURE

I am aware of the risks of travel to Israel, including risks associated with my safety and security. I have read, or have had the opportunity to read, the United States Department of State's Travel Warning for Israel, Gaza, and the West Bank found at <http://www.travel.state.gov>. These risks include, but are not limited to, property damage and loss, death, or injury by accident, disease, or terrorist acts. I am voluntarily participating in the AMIT Mission with a full understanding of these risks, and I assume and agree to accept all risks to my safety and security during the course of participating in the Mission.

I acknowledge and affirm that, notwithstanding any security arrangements that may be made by AMIT or any other party, AMIT does not guarantee and is not responsible for my personal safety and 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, to include the activities of this particular Mission as described on the attached itinerary and/or in other materials distributed in connection with this Mission, including but not limited to, for example, cleanup and refurbishing of sites in Israel.

In light of the above and in consideration of being permitted to participating in the Mission, I do, for myself, my spouse, my heirs, my executors, my administrators, and my assigns, release and forever discharge AMIT and its respective subsidiaries, affiliates, predecessors, successors, and assigns, and all of its respective past, present, and future officers, directors, shareholders, employees, agents, and contactors, 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, or other episode that may occur, whether based on the negligence of, or the breach of contract by, any Releasee or any other party for whose acts 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 State of New York, and shall be as broad and inclusive as permitted by such laws. If any provisions of this release are held invalid, it is agreed that the balance shall notwithstanding continue in full force and legal effect.

I have carefully read the foregoing release and understand its contents, and acknowledge that this is a release of liability and, as such, is a binding and fully enforceable contract between me and AMIT.

#### 11. MISSION COST AND PAYMENT

**FULL PAYMENT IS REQUIRED. Make check payable to AMIT. I hereby authorize AMIT to charge the credit card provided below. I understand that my payment by check or charge is necessary in order to reserve hotel accommodations. If you're a member of an AMIT Board on the national or chapter level or an annual or life member of AMIT one third of the cost of your trip will be tax deductible. Please call our office for details.**

CHECK ENCLOSED

CHARGE TO MY CREDIT CARD

Name on Credit Card

Card Number

Security Code/Expiration Date

Signature

Discover

MasterCard

Visa

American Express

#### Cost (check all that apply):

##### **David Citadel Hotel:**

\$1,995/person – double occupancy

\$2,795/person – single occupancy

##### **Dan Panorama Hotel:**

\$1,595/person – double occupancy

\$2,095/person – single occupancy

##### **No Hotel, Land Cost Only:**

\$995/person

**11. MISSION COST AND PAYMENT (Continued)**

**Price Includes:**

4 nights at your selected hotel; breakfast daily (if staying at mission hotels), 3 lunches, 4 dinners entrance fees per itinerary; security; air conditioned bus; transfers from/to airport if on suggested flight; tips.

**Price Excludes:**

Airfare; transfers from/to airport if not on group flight (may be arranged at additional cost); any passport charges; travel insurance (highly recommended); excess baggage charges; any items of a personal nature (laundry, telephone, etc.).

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**12. CANCELLATION PENALTIES (all penalties are per person)**

Full mission payment is required upon submission of application. If the participant(s) cancels there may be fees equal to the actual costs, including monetary penalties assessed and charged to AMIT by the airlines and/or hotels and/or land operators. AMIT does not assume responsibility for any penalties assessed by the airlines due to changes and/or cancellations of the flights or the mission. If you depart from the trip en route, AMIT will not refund the cost of any unused transportation, hotel reservations, sightseeing, meals or any other tour services. We strongly suggest you purchase travel and trip cancellation insurance.

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**13. SIGNATURE(S) OF ALL ADULTS NAMED ON THIS APPLICATION**

Print Name(s)

\_\_\_\_\_

Signature(s)

\_\_\_\_\_

Date \_\_\_\_\_

**Submit this form by scan/email, mail, or fax:**

**YOU MUST SUBMIT A COPY OF THE SIGNATURE/PHOTO PAGE OF YOUR PASSPORT WITH THIS APPLICATION**

Scan/email: [SaraC@amitchildren.org](mailto:SaraC@amitchildren.org)

**Fax:** 212.353.2312

**Mail:** AMIT Children, 817 Broadway, 3<sup>rd</sup> Floor, New York, NY 10003

**For more information, please contact Sara Cherny at 212.792.5690 or [SaraC@amitchildren.org](mailto:SaraC@amitchildren.org)**

