

Friends of the IDF Young Leadership Mission to Israel Aug. 20th to Sept. 1st, 2008

APPLICATION

**Please send this in to be considered for the mission.
We are happy to answer any questions by phone or email.**

1. Today's date: ____ / ____ / ____
2. I would like to reserve ____ space(s) on the FIDF YL Solidarity Mission
3. **Names of participants** (exactly as they appear on passport):

Participant #1

Check one: Mr. Mrs. Ms.

Name: _____

Passport No. _____ Exp. Date: ____ / ____ / ____

Place of Issue: _____ Date of Issue: ____ / ____ / ____

Date of Birth: ____ / ____ / ____

Participant #2

Check one: Mr. Mrs. Ms.

Name: _____

Passport No. _____ Exp. Date: ____ / ____ / ____

Place of Issue: _____ Date of Issue: ____ / ____ / ____

Date of Birth: ____ / ____ / ____

4. **Mailing Address**

Street _____ Apt. / Suite # _____

City: _____ State: _____ Zip: _____

Phone (Day): _____ Phone (evening): _____

Fax: _____ Email: _____

5. **Room type**

Single Double Smoking Non Smoking

I wish to share a room with _____

Please assign me a roommate (if available)

6. **Flights**

Please make flight arrangements on my behalf as follows

Leaving on August 20th at night, returning September 1st

Coach Business (extra charge) Seating preference: Aisle / Window / Center
(Seating preference on availability)

Dietary / Medical Requirements: _____

If you would like to arrive earlier or to extend your stay or for further information about possibilities of health insurance, please contact Ira at ira@Israelexperts.com

7. Cost including air fare (Please check all that apply):
- \$2,950 for 11 days trip package per person, for ___ people (leaving August 20th)
 - \$3,710 single room supplement per person for 10 nights
 - \$2,050 **Land only** cost for 10 nights

8. Contact information in Israel:
 (Please fill this out if you are planning to visit family or friends during the trip)

(Note regarding air travel: FIDF will make flight reservations and issue tickets for travel on the dates approximate to those mentioned in this application. FIDF cannot beforehand guarantee the exact time or airport. The price of airfare is determined by the airline on the day the reservation is made. FIDF cannot guarantee an airfare price. In general, the sooner a reservation is made, the lower the fare. You are responsible for the price of the ticket as determined by the airline, as well as any charges due to cancellation or changes after the ticket is issued. The actual price will be confirmed with you before any charges are made to your account.)

9. Check enclosed (Please make checks payable to Friends of the Israel Defense Forces)
 Please charge my credit card

Visa MC Amex

Card No. _____

Exp. Date: _____

Signature: _____

Signature

Please print name _____ date: _____

Please return with your deposit of \$900 per person as soon as possible
 For additional information contact Elit Goldberger at 212-244-3118 Ext. 44
 Or at elit.goldberger@israelsoldiers.org

Please mail your application to Elit Goldberger:
 Friends of the IDF
 Attn: Young Leadership Mission to Israel
 350 5th Ave, Suite 2011
 New York, NY 10118
 Fax: 212-244-3119
 Tel: 212-244-3118 ext. 44
 e-mail: elit.goldberger@israelsoldiers.org

The prices listed in this application are provided as estimates and might change.

Please note that any cancellation later than two weeks prior to departure will incur a 50% cancellation fee.

We are sorry for any inconvenience that might cause.

The above prices include all accommodations and meals that are listed in the itinerary.

To avoid any inconvenience, please be sure to pay any extra charges you might incur at checkout.

Emergency Contact: Name _____ Relationship _____
Telephone: _____ Fax: _____ E-mail: _____