



# First Annual FIDF RABBINIC CABINET MISSION TO ISRAEL

## APPLICATION

**\*A SEPARATE APPLICATION IS REQUIRED FOR EACH COUPLE/FAMILY PARTICIPATING**

1. TODAY'S DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

2. PLEASE RESERVE \_\_\_\_ SPACE(S) ON THIS MISSION.

**\*Due to the nature of this mission, it is intended for individuals over 13 years of age and older.**

3. NAME/INFORMATION OF PARTICIPANT COMPLETING THIS FORM

**(exactly as it appears on passport):**

**Check one:**  Mr.  Mrs.  Ms.  Rabbi  Dr.  Other: \_\_\_\_\_

Name: \_\_\_\_\_

\*(FOR RABBIS) Name of Congregation: \_\_\_\_\_

\*(FOR RABBIS) City/State of Congregation: \_\_\_\_\_

\*(FOR RABBIS) Denominational Affiliation: \_\_\_\_\_

PERSONAL/HOME INFORMATION:

Passport No. \_\_\_\_\_ Exp. Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Place of Issue: \_\_\_\_\_ Date of Issue: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Street Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone (Day): \_\_\_\_\_

Phone (evening): \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Contribution Amount (if applicable): \_\_\_\_\_

4. NAMES/INFORMATION OF FAMILY-MEMBERS/OTHERS JOINING YOU

**(exactly as they appear on passport):**

**Check one:**  Mr.  Mrs.  Ms.  Rabbi  Dr.  Other: \_\_\_\_\_

Relationship to you \_\_\_\_\_

Name: \_\_\_\_\_

Passport No. \_\_\_\_\_ Exp. Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Place of Issue: \_\_\_\_\_ Date of Issue: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Street Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone (Day): \_\_\_\_\_

Phone (evening): \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Contribution Amount (if applicable): \_\_\_\_\_

**Check one:**  Mr.  Mrs.  Ms.  Rabbi  Dr.  Other: \_\_\_\_\_

Relationship to you \_\_\_\_\_

Name: \_\_\_\_\_

Passport No. \_\_\_\_\_ Exp. Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Place of Issue: \_\_\_\_\_ Date of Issue: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Street Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone (Day): \_\_\_\_\_

Phone (evening): \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Contribution Amount (if applicable): \_\_\_\_\_

**\*PLEASE USE & ATTACH SEPARATE PAPER FOR ADDITIONAL PARTICIPANTS**

**\*FOR RABBIS INVITING CONTRIBUTORS**

**5. NAME(S)/INFORMATION OF CONTRIBUTOR(S) TO FIDF JOINING YOU**

**\*(COMPLETE IF YOU ARE A RABBI BRINGING ONE/MORE CONTRIBUTORS ON MISSION):**

**Check one:**  Mr.  Mrs.  Ms.  Rabbi  Dr.  Other: \_\_\_\_\_

*Relationship to you* \_\_\_\_\_

Name: \_\_\_\_\_

Passport No. \_\_\_\_\_ Exp. Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Place of Issue: \_\_\_\_\_ Date of Issue: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Street Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone (Day): \_\_\_\_\_

Phone (evening): \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Contribution Amount (if applicable): \_\_\_\_\_

**Check one:**  Mr.  Mrs.  Ms.  Rabbi  Dr.  Other: \_\_\_\_\_

*Relationship to you* \_\_\_\_\_

Name: \_\_\_\_\_

Passport No. \_\_\_\_\_ Exp. Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Place of Issue: \_\_\_\_\_ Date of Issue: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Street Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone (Day): \_\_\_\_\_

Phone (evening): \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Contribution Amount (if applicable): \_\_\_\_\_

**Check one:**  Mr.  Mrs.  Ms.  Rabbi  Dr.  Other: \_\_\_\_\_

*Relationship to you* \_\_\_\_\_

Name: \_\_\_\_\_

Passport No. \_\_\_\_\_ Exp. Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Place of Issue: \_\_\_\_\_ Date of Issue: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Street Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone (Day): \_\_\_\_\_

Phone (evening): \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Contribution Amount (if applicable): \_\_\_\_\_

**\*FOR SUPPORTERS INVITING RABBIS**

**6. NAME(S)/INFORMATION OF RABBI(S) JOINING YOU**

**\*(COMPLETE IF YOU ARE A CONTRIBUTOR WITH ONE OR MORE RABBIS JOINING YOU ON THIS MISSION):**

Name: RABBI  
Name of Congregation: \_\_\_\_\_  
City/State of Congregation: \_\_\_\_\_  
Denominational Affiliation: \_\_\_\_\_  
PERSONAL/HOME INFORMATION:  
Passport No. \_\_\_\_\_ Exp. Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Place of Issue: \_\_\_\_\_ Date of Issue: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Street Number: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone (Day): \_\_\_\_\_  
Phone (evening): \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
Contribution Amount (if applicable): \_\_\_\_\_

Name: RABBI  
Name of Congregation: \_\_\_\_\_  
City/State of Congregation: \_\_\_\_\_  
Denominational Affiliation: \_\_\_\_\_  
PERSONAL/HOME INFORMATION:  
Passport No. \_\_\_\_\_ Exp. Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Place of Issue: \_\_\_\_\_ Date of Issue: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Street Number: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone (Day): \_\_\_\_\_  
Phone (evening): \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
Contribution Amount (if applicable): \_\_\_\_\_

**7. ROOMING ASSIGNMENTS:**

**Number of rooms required \_\_\_\_ double, \_\_\_\_ single. Please check and complete the following option(s):**

**DOUBLE ROOM #1 - Names/ Room** \_\_\_\_\_

**DOUBLE ROOM #2 - Names/Room** \_\_\_\_\_

**SINGLE ROOM #1 – Name/Room** \_\_\_\_\_

**SINGLE ROOM #2 – Name/Room** \_\_\_\_\_

**\*ROOM REQUESTS ARE BASED ON AVAILABILTY AND ARE CONFIRMED WHEN APPLICATION IS PROCESSED**

**8. FLIGHTS: - CHECK ONE ITEM BELOW:**

I have made independent travel arrangements to & from Israel

Arriving on \_\_\_\_\_ at \_\_\_\_\_ with \_\_\_\_\_ / Departing on \_\_\_\_\_ at \_\_\_\_\_ with \_\_\_\_\_  
 (date) (time) (airline and flt. #) (date) (time) (airline and flt. #)

I will make (soon!) independent travel arrangements to & from Israel

***PLEASE PROVIDE US WITH YOUR TRAVEL AGENT'S CONTACT INFORMATION:***

AGENT'S NAME: \_\_\_\_\_ AGENCY: \_\_\_\_\_  
 PHONE #: \_\_\_\_\_ FAX #: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

***\* NOTE: YOUR TRAVEL ARRANGEMENTS CANNOT BE MADE OR CHANGED BY FIDF.***

**\*\* Important note for West coast participants – the only flight available Saturday December 19<sup>th</sup> is Air France 073 departing LAX at 9:45pm and arriving TLV on Monday Dec 21 at 12:10am**

**9. CONTACT INFORMATION IN ISRAEL (IF YOU'RE SPENDING TIME AWAY FROM THE MISSION DURING YOUR TRIP TO ISRAEL (WHETHER BEFORE, DURING, OR AFTER THE MISSION), WE MUST KNOW HOW WE CAN REACH YOU):**

<i>STAYING AT</i>	<i>FROM</i>	<i>TO</i>	<i>PHONE NUMBER</i>

**10. COST (FULL PAYMENT OF MISSION FEE & CONTRIBUTIONS DUE: NOVEMBER 1, 2009):**

**MISSION FEE (COVERS GROUND-COSTS ONLY)**

**RABBIS (GROUND PACKAGE MISSION-FEE IS REDUCED FOR ALL RABBIS PARTICIPATING):**

- \$1,800 per Rabbi based on double occupancy
- **REDUCED TO \$1,200 --** if contribution total of Rabbi and those joining Rabbi is \$3,600.00 or more
- **REDUCED TO \$600 --** if contribution total of Rabbi and those joining Rabbi is \$5,400.00 or more
- **NO CHARGE --** if contribution total of Rabbi and those joining Rabbi is \$7,200.00 or more

**ALL OTHER PARTICIPANTS:**

- \$2,500 per individual (single)
- \$2,000 per individual (double)

**CANCELLATION POLICY:**

- Cancellations after **November 1, 2009** incur a **\$500.00** cancellation fee, per participant.
- Cancellations after **November 15, 2009** incur a **\$1,000.00** cancellation fee, per participant.
- Cancellations after **December 1, 2009** incur a **100%** cancellation fee, per participant.

***\*NOTE: ALL CANCELLATION FEES ARE NON-REFUNDABLE. IF YOU CANCEL YOUR TRIP, ALL CANCELLATION FEES WILL BE TREATED AS DONATIONS AND A TAX-RECEIPT WILL BE ISSUED BY FIDF. ANY BALANCE OWED TO YOU BEYOND THE CANCELLATION FEE WILL BE REFUNDED TO YOU PER THE CANCELLATION SCHEDULE ABOVE.***

**TOTAL ENCLOSED: \$ \_\_\_\_\_**

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: \_\_\_\_\_

**Please mail OR fax your completed application to:**

***Friends of the IDF  
Attn: Rabbinic Cabinet Mission  
350 5<sup>th</sup> Avenue  
Suite 2011  
New York, NY 10118***

**OR**

***Fax to: (212) 244-3119***

- ITINERARY IS SUBJECT TO CHANGE BASED ON IDF ACTIVITIES AND AVAILABILITY OF LOCATIONS AND PRESENTERS/HOSTS.
- 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, INCLUDING MEALS ON FREE DAYS, PHONE CALLS, MINI-BAR AND ROOM UPGRADES, AT CHECKOUT FROM EACH HOTEL.
- PLEASE NOTE THAT HEALTH-INSURANCE IS THE RESPONSIBILITY OF EACH PARTICIPANT, AND IS NOT INCLUDED IN THE MISSION COSTS.
- PLEASE NOTE THAT TRAVEL-INSURANCE IS THE RESPONSIBILITY OF EACH PARTICIPANT, AND IS NOT INCLUDED IN THE MISSION COSTS.