



COLLEGE OF  
MOUNT SAINT VINCENT

## INTERFAITH TRIP: ISRAEL

*Co-sponsored by The Academy for Jewish Religion  
and College of Mount Saint Vincent*

*In association with Keshet: The Center for  
Educational Tourism in Israel, and Field Travel, Inc.*

**June 29-July 9, 2014**

### REGISTRATION FORM & INFORMATION

*Please ensure that your passport is valid through January 8, 2015.*

**Participant #1:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Phone: \_\_\_\_\_ DOB: \_\_\_\_\_ Email address: \_\_\_\_\_

Passport Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name **exactly** as it appears on your passport: \_\_\_\_\_

Mailing Address:

\_\_\_\_\_  
\_\_\_\_\_

Special Rooming Notes: \_\_\_\_\_

*If you do not have a roommate, we will assign you one, if possible.*

Medical and Dietary Notes: \_\_\_\_\_

\_\_\_\_\_  
*Kosher food will be available for all meals provided by the trip.*

Emergency Contact Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Emergency Phone #1: \_\_\_\_\_ #2: \_\_\_\_\_

I opt to take travel insurance.

I opt not to take travel insurance.

*Information about travel insurance is listed under 'Terms of Participation'. Please purchase trip insurance on your own.*

**Participant #2:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Phone: \_\_\_\_\_ DOB: \_\_\_\_\_ Email address: \_\_\_\_\_

Passport Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name **exactly** as it appears on your passport: \_\_\_\_\_

Mailing Address:  
\_\_\_\_\_  
\_\_\_\_\_

Special Rooming Notes: \_\_\_\_\_  
*If you do not have a roommate, we will assign you one, if possible.*

Medical and Dietary Notes: \_\_\_\_\_  
\_\_\_\_\_

*Kosher food will be available for all meals provided by the trip.*

Emergency Contact Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Emergency Phone #1: \_\_\_\_\_ #2: \_\_\_\_\_

I opt to take travel insurance.

I opt not to take travel insurance.

*Information about travel insurance is listed under 'Terms of Participation'. Please purchase trip insurance on your own.*

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To hold your place, \$1,500 per person is due with a completed registration form. *All payments should be made using a check or money order. You can reserve your space by submitting your credit card information - we will not charge your credit card, but hold the information as a preliminary deposit. Your check and completed registration form must be received within five days of providing your credit card information in order to keep your space reserved.*

Total Deposit due with Registration \$: \_\_\_\_\_ Check #: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

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I/We hereby attest that I am/we are in physical condition to be able to walk up to 1 mile at a stretch. Signature(s): \_\_\_\_\_  
\_\_\_\_\_

*Those with physical limitations are asked to contact us to discuss how appropriate accommodations can be made.*

## **Terms of Participation**

### **Pricing:**

Costs are based on 15-20 people in the group, and include the program, hotel accommodations, airfare, and some meals. Please note that if we do not reach a minimum of 15 people the cost per person of the trip will increase.

The entire trip will cost \$4,520 per person.

\*Add an additional \$475 for single room accommodation. ***Please note that the availability of single rooms is limited.***

In order to secure your place on this trip, a deposit of \$1,500/per person and a completed registration form is due by Friday, March 14, 2014. A final payment based on your balance is due by Friday, April 11, 2014. A balance reminder will be emailed or mailed to you prior to the final payment date.

### **Cancellations:**

Please note deposits are non-refundable. Participants who have paid in full and cancel within 75 days of the trip (April 15, 2014) of the trip will receive a refund *minus* the \$1,500/per person deposit and a \$1,000 penalty (total of \$2,500). Participants who cancel within 60 days (April 30, 2014) of the trip will not be eligible for a refund.

All cancellations must be submitted in writing to the following address or email:

*For The Academy for Jewish Religion*

Gary Rothschild

Director of Business and Student Affairs

The Academy for Jewish Religion

28 Wells Avenue

Yonkers, NY 10701

[grothschild@ajrsem.org](mailto:grothschild@ajrsem.org)

*For College of Mount Saint Vincent*

Christina Wesolek

Director for Alumnae/i Relations

College of Mount Saint Vincent

6301 Riverdale Avenue

Riverdale, NY 10471

[christina.wesolek@mountsaintvincent.edu](mailto:christina.wesolek@mountsaintvincent.edu)

### **Waiting List:**

Due to a limited amount of space for this trip, we will accept reservations on a first come-first serve basis. Once spaces are filled for both institutions a Waiting List will be created. If cancellations are made and space opens up, those listed on the Waiting List will be contacted in order of when those additional reservations were submitted. We are hoping that the success of this trip will warrant the opportunity to have an encore!

### **Travel/Trip Insurance:**

Keshet urges you to purchase cancellation insurance & supplemental medical coverage (which covers pre-existing conditions). Please note that most insurance policies require purchase within 14 days of your date of registration for the trip. While you are free to purchase insurance from any company of your choice, Keshet has made arrangements with SMS - Travel Insurance Center of Omaha, Nebraska. SMS has over 25 years of experience as worldwide insurance brokers and can help you choose the policy that best meets your needs. Keshet's contact persons are Yonah Engel & Dani Eisenstock, email: [info@travelinsuranceisrael.com](mailto:info@travelinsuranceisrael.com); USA phone 1-888-747-3773. Mention promo code: KESHET. Please note that Keshet, The Academy for Jewish Religion, and the College of Mount Saint Vincent cannot accept responsibility for any

losses or expenses which you or any member of your party may incur as a result of failure to secure adequate insurance coverage.

**Cell Phone:**

For international phone service, we suggest you inquire with your phone carrier for coverage options, and rates for calls, texts, and voicemails for Italy and Israel.

**Statement of Understanding:**

Except for the willful negligence of its direct employees or representatives, neither The Academy for Jewish Religion, College of Mount Saint Vincent, Keshet: The Center for Educational Tourism in Israel, nor Field Travel, Inc. assume any liability or responsibility for any injuries, inconvenience, illness, theft, property damage, irregularity, or incidental damages occasioned by circumstances beyond the control of the tour operator or by any person for any reason whatsoever including but not limited to events such as strikes, revolts wars, natural disasters, closures of airports and /or hotels, default or omission of any common or private carrier or the default, negligence or omission of any kind by any third party providing services or facilities included or any part thereof.

Enrollment in and payment of your deposit for the trip constitutes your acceptance of the program conditions and this Statement of Understanding. The program conditions become a binding contract when your enrollment and payment are received.

**Contact Information:**

For information pertaining to the trip:

*For The Academy for Jewish Religion*

Gary Rothschild

Director of Business and Student Affairs

914.709.0900, ext. 15

[grothschild@ajrsem.org](mailto:grothschild@ajrsem.org)

*For College of Mount Saint Vincent*

Christina Wesolek

Director for Alumnae/i Relations

718.405-3334

[christina.wesolek@mountsaintvincent.edu](mailto:christina.wesolek@mountsaintvincent.edu)