

Mission to Poland 2025 (Aug 24-31)

Traveler Name (as it appears on passport) _____

Single Supplement (Yes/No) **OR** Name of person sharing room _____Home Address (including postal code) _____

Home phone: _____ Cell phone: _____

Email: _____

Date of Birth: _____ Month _____ Day _____ Year _____ Citizenship: _____

Passport #: _____ Date of Passport Expiry: _____

EMERGENCY CONTACT NAME: _____ Relationship to traveler: _____

EMERGENCY CONTACT PHONE: _____ EMAIL: _____

Travel Information: *Travel, and Cancellation Insurance is optional, however STRONGLY recommended. Health insurance is mandatory. Insurance purchase is the responsibility of the participant.*

Are you affiliated with an organization or company? Yes/No. If Yes, please name: _____

Dietary Info: Vegan/Vegetarian or Special Diet (diabetic, Kosher, etc.): _____

Allergies: _____

Pertinent medical information: _____

IMPORTANT*I release Jewish Federations of Canada, Jewish Federation of Winnipeg, all officers, directors and employees from the mentioned organization from any liability of any nature whatsoever arising from/or in connection with this mission.**Payment is to be made in USD or the equivalent of USD on the day payment is made to the JFW.**I understand that I am responsible for arranging and paying for travel to and from Poland.**I understand that once payment is provided, refundability is restricted.**I commit to respecting and following the itinerary with the exception of physical or mental health complications requiring me to take a break.**I will provide health insurance information before departure.*

Signature _____ Date _____

I will be using the following payment method (circle one) Cheque/Etransfer/Credit Card (+3% processing fee)

*Once you receive confirmation of participation, an invoice will be provided with your payment due date. Payment and passport photo must be provided on that date to officially book your spot.

Please forward this completed registration form to:

Abby Flackman at Jewish Federation of Winnipeg, C300-123 Doncaster St., Winnipeg, MB R3N 2B2**Tel: 204-477-7424 email: aflackman@jewishwinnipeg.org**