

2011 Adult National March of the Living Application Form



CONTACT INFORMATION

FIRST NAME	MIDDLE INITIAL
LAST NAME	NAME ON NAME TAG
GENDER	EMAIL ADDRESS
HOME PHONE NUMBER	BUSINESS PHONE NUMBER
CELL PHONE NUMBER	
ADDRESS	
CITY	PROVINCE
POSTAL CODE	

PERSONAL INFORMATION *(Your passport should be valid at least through October 2011)*

FULL NAME AS IT APPEARS ON PASSPORT	
DATE OF BIRTH (mm/dd/yyyy)	COUNTRY OF BIRTH
PASSPORT NUMBER	PASSPORT EXPIRY DATE
PASSPORT ISSUING COUNTRY	





EMERGENCY CONTACT INFORMATION

EMERGENCY CONTACT #1:

FIRST NAME	LAST NAME
RELATION TO YOU	EMERGENCY EMAIL
EMERGENCY PHONE NUMBER	2 ND PHONE NUMBER

EMERGENCY CONTACT #2:

FIRST NAME	LAST NAME
RELATION TO YOU	EMERGENCY EMAIL
EMERGENCY PHONE NUMBER	2 ND PHONE NUMBER





MEDICAL INFORMATION

DIETARY INFORMATION

- ARE YOU A VEGETARIAN? Yes No
ARE YOU LACTOSE INTOLERANT? Yes No
DO YOU EAT RED MEAT? Yes No

DO YOU HAVE ANY OTHER DIETARY CONCERNS/ISSUES?

PHYSICAL & EMOTIONAL ABILITY

The program in Poland and Israel is very demanding and rigorous, requiring early wake-up and participation in 15 hours of programming which can include long bus rides and extensive walking. Please rate your preparedness for the rigorous nature of the trip (check one):

- Very Prepared Prepared Concerned Very Concerned

ALLERGIES/ASTHMA

DO YOU HAVE ANY FOOD ALLERGIES? Please list all in full.

DO YOU HAVE ANY OTHER ALLERGIES? Please list all in full.





PARTICIPANT STATEMENT OF UNDERSTANDING

The March of the Living is an intense and demanding physical and emotional experience. I have evaluated my ability to participate based on the following factors:

Social environment: MOL participants will be members of up to one bus group of people. The group will eat, travel and participate in activities together for the entire duration of the trip.

Activity: MOL participants will face a new and strenuous environment which will be physically as well as emotionally stressful. In Poland, they will visit places such as the Nazi extermination camps of Auschwitz and Majdanek where they will be emotionally affected. The program starts immediately upon arrival to the various destinations, with no rest after traveling. The programming runs from early morning (7am) to late at night (11pm-12am) with very little “down-time” and minimal sleep. Participants will be subjected to long bus rides and walking long distances.

Medical Facilities: The medical facilities available for participants will cover only acute illnesses and accidents. There are no facilities available within the framework of the MOL for the treatment of chronic disturbances. If medication is required while under the auspices of the program, it is advisable that participants travel with a written prescription for each medication. Since medication is often not available under the same trade name as in the country of origin, the full pharmacological name of all medicines and drugs should be supplied. In any event, participants should bring an extra supply of the required medicine with them.

In order to ensure your comfort and safety, please let us know of any medical conditions or concerns you have in the space provided below:

I am fully aware of the social environment and activity levels inherent in participating in this program and I believe that I am physically and mentally capable of handling the intensity of this program.

Name of Participant:

Signature of Participant:

Date:





TRIP & FLIGHT OPTIONS

Poland & Israel or Poland Only Options

Poland & Israel

Poland Only

Travel Information

Double Room

Please indicate roommate request, if applicable: _____

Single Room (additional cost to be advised)

Business Class Airfare

There are a limited number of business class seats available.

I would be interested in purchasing business class airfare at an additional cost.





PAYMENT OPTIONS

Payment Schedule: \$1,000 deposit at time of registration.
Balance of payment in full by December 31, 2010

Payment Details:

The cost of the program is:

Poland only: \$5950 CDN per person. **Poland & Israel:** \$8950 CDN per person.
(Participants may choose Poland & Israel option, or Poland only option). Based on double occupancy, flight from Toronto, excluding tips and taxes, plus up to a 10% price increase in case of dollar fluctuations or other factors.

Please Note: Minimum gift of \$1,000 per household to your local UJA/CJA Federation is a requirement for participation.

- Enclosed is my deposit cheque in the amount of \$ 1,000 made out to UIA Federations Canada.
- Enclosed is my post dated cheque in the amount of \$4950 (Poland only) or \$7950 (Poland & Israel) dated December 31, 2010 made out to UIA Federations Canada. Additional costs such as business class and single supplement will be added to these charges.

OR

Please charge my \$ 1,000 deposit to my (provide details below):

- VISA
- MASTER CARD

POLAND ONLY

Please charge the balance payments of \$4950 dated December 31, 2010 (provide details below).

- VISA
- MASTER CARD

POLAND & ISRAEL

Please charge the balance payments of \$7950 dated December 31, 2010 (provide details below).

- VISA
- MASTER CARD

Additional costs such as business class and single supplement will be added to these charges.

CREDIT CARD NUMBER

EXPIRY DATE (mm/yy)



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NAME ON CREDIT CARD

Completed forms may be sent to: **Toronto & National: Ayelet Bercovich, Canada Israel Experience**, Tel: 416.398.6931 ext: 5348 Toll free: 1.800.567.4772, Fax: 416.398.6373;



United Israel Appeal of Canada
המגבית המאוחדת לישראל בקנדה

