**MEETING THE ISRAELI AND PALESTINIAN PEACEMAKERS**

**July 13-24, 2014**

Please fill out this **Registration form** carefully and send it in with the other required paperwork and $400 deposit to Yael Petretti at 88 Whiteloaf Road, Southampton, MA 01035.

Trip you are registering for: ISRAEL/PALESTINE – July 13-24, 2014

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name: |  | | | | | |
| Address: |  | | | | City: |  |
| State: |  | | | | Zip: |  |
| Country: |  | | | Date of Birth: | |  |
| Phone (Day): |  | | | Phone (Eve): | |  |
| Email: |  | | | | | |
| Occupation: | |  | | Employer: | |  |
| Interest/Skills: | |  | | | | |
| Ethnic Identity:  (Optional) | |  | | | | |
| Country of  Citizenship: | |  | Exact Name on Passport: | | |  |
| Passport #: | |  | Place of Issue: | | |  |
| Issued Date:  (mm/dd/yyyy) | |  | Expiration Date:  (mm/dd/yyyy) | | |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Accommodations:** | | | | | |
| I prefer a:  Double room  Single room (supplemental cost of approximately $350) | | | | | |
| I wish to share a room with: | |  | | | |
| I am a:  Smoker  Non-smoker | | | | | |
| **In case of emergency, please notify:** | | |  | | |
| Relation: |  | | | Phone(s): |  |
| Address: |  | | | City: |  |
| State: |  | | | Zip: |  |

**Payment:** The cost of the trip is $2,800 per person, payable by bank check or postal money order. The $400 deposit is due with registration and the balance of the full trip payment is due by April 1, 2014.

Airfare is additional and purchased separately.

**What Your Trip Cost Includes**:

The cost of your trip includes eleven nights’ accommodations (based on double occupancy) with private bath and shower; daily breakfast and dinners in hotels; ground transportation; trip leaders; guides; tips and gratuity for hotels and driver; honoraria for Israeli and Palestinian speakers and hosts; and Compassionate Listening training. Single rooms are available for and additional $350. If a roommate is not available, the single room supplement may apply. Your early registration increases my chances to find matches for those wanting a roommate.

**Special Three-Day Extension Tour to Galilee:**

If you are interested in joining us for three-day, site-seeing extension tour of northern Israel at the end of the delegation, please email Yael ([ypetretti@gmail.com](mailto:ypetretti@gmail.com)) for more details.

**Airfare**:

Participants purchase their own airfare and meet us in Jerusalem. Sometimes we recommend a particular flight from the East Coast so those who want can travel together from the USA. We provide specific directions to make your travel as easy as possible to our Jerusalem hotel. **This delegation is not confirmed until participants receive email notice of confirmation from Yael. If you book your air travel before this delegation is confirmed by Yael, please be sure to purchase Traveler’s Insurance in case we must cancel the trip. See the section below on Travelers Insurance.**

**This delegation is not confirmed until participants receive email notice of confirmation from Yael. If you book your air travel before this delegation is confirmed by Yael, please be sure to purchase Traveler’s Insurance in case the trip is cancelled for any reason. See the section below on Travelers Insurance.**

**Cancellations and Refunds**

* If you must cancel your trip, a cancellation fee will apply. Cancellations must be received in writing or by email. The following cancellation fees apply:
* 90 days before departure: full refund minus $200 administrative fee;
* Fewer than 90 days and “no-shows”: We cannot provide any refund in this case, due to the nonrefundable reservations we are locked into at this stage of the journey.

No partial refunds will be granted for unused hotel rooms, meals, or other scheduled activities. The trip is quoted as a package and credits cannot given for unused portions.

* I reserve the right to cancel a trip due to dangerous political situations or if the minimum number of registrations required to run the trip are not received. In such a case, your payment will be fully refunded. If you have already purchased your ticket and we have to cancel the trip for any reason, airfare will be refunded according to the policy of the air carrier. **For this reason, I recommend travelers insurance.**

**Travelers Insurance:**

I encourage participants to purchase travel insurance, which generally includes: trip cancellation, baggage, medical and/or emergency evacuation insurance. No one ever intends to cancel their trip; however, unforeseen circumstances can change travel plans. Baggage may be lost or damaged, and some medical insurance (including Medicare) will not provide coverage outside the U.S. For a modest price, protection can be provided for these and other concerns. You can compare policies on [Squaremouth.com](http://www.squaremouth.com/).

**Special Assistance:**

Delegation members who require special assistance with walking, getting on or off the coach, self-care, etc. must coordinate with the trip leaders before registering and must have a qualified travelling companion accompany them. There will be some segments of the trip which will be very difficult, if not impossible, to do without walking.

**Participant Responsibility:**

**Participants must fill out, sign and return these forms to Yael Petretti, 88 Whiteloaf Road, Southampton, MA 01035.**

* **Registration Form with deposit**
* **Health History and Authorization for Emergency Medical Treatment Form**
* **Travel Information Form**
* **Liability Waiver Form**

**Your place in the delegation is secured when your completed forms and deposit are received. Thank you!**

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**July 13-24, 2014**

Please fill out this **Health History and Authorization form** carefully and send it in with the other required paperwork and $400 deposit to Yael Petretti at 88 Whiteloaf Road, Southampton, MA 01035.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Full Name: |  | | | Date of Birth:  (mm/dd/yyyy) |  | |
| **Health Information:**  The following information and all data on this form will be held in confidence and given only in an emergency to a medical doctor and/or medical facility not having access to your medical history. | | | | | | |
| **Health Issues (check all that apply):**  Asthma  Diabetes  Seizures  Kidney Disease  Convulsions  Heart Disease | | | | | | |
| Other (specify): | | |  | | | |
| **Allergies:** | |  | | | | |
| **Date of last Tetanus vaccine:** | |  | | | | |
| **Medications currently taken (include dosage):** | | | | | | |
|  | | | | | | |
| **Physical impairments:** | | | | | | |
|  | | | | | | |
| **Other Health Conditions or Concerns: provide** information that may be used in presenting your situation to a medical provider in the event of a medical emergency. Please be specific. | | | | | | |
|  | | | | | | |
| **Health Insurance Information** | | | | | | |
| **Policy Provider:** | |  | | **Policy #:** | |  |
| **Policy Holder’s**  **Name:** | |  | | **Physician’s Name:** | |  |
| **Emergency Contact Name:** | |  | | **Emergency Phone(s):** | |  |

**MEETING THE ISRAELI AND PALESTINIAN PEACEMAKERS**

**July 13-24, 2014**

**Authorization for Emergency Medical Treatment**

I, , consent to receive such medical treatment and/or surgical procedures as are deemed necessary in the event of an emergency and to assume liability for any medical expenses involved. Should a medical emergency arise during my participation in the delegation, I understand that reasonable efforts will be made to reach the emergency contact person listed on my Travel Information Form. If it is believed my life or health may be adversely affected by a delay that attempting to reach my emergency contact person might cause, I consent to:

1. the administration of medical treatment and/or surgical procedure deemed necessary by the medical doctor and/or medical facility chosen by the delegation leaders; and
2. the immediate administration of life-sustaining measures deemed necessary under the circumstances.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Signature |  | Date |

**MEETING THE ISRAELI AND PALESTINIAN PEACEMAKERS**

**July 13-24, 2014**

Please fill out this **Travel Information form** carefully and send it in with the other required paperwork and $400 deposit to Yael Petretti at 88 Whiteloaf Road, Southampton, MA 01035.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Full Name: | |  | | | | | |
| **Flight Information: Arrival at Ben Gurion International Airport** | | | | | | | |
|  | Arrival Date: | |  | | | Arrival Time: |  |
|  | Airline: | |  | | | Flight Number: |  |
| **Flight Information: Departure from Ben Gurion International Airport** | | | | | | | |
|  | Departure Date: | |  | | | Departure Time: |  |
|  | Airline: | |  | | | Flight Number: |  |
| **Passport Information: (Please note, passports must be valid until January 1, 2015 or later.)** | | | | | | | |
|  | Name (exactly as it appears on passport): | | | |  | | |
|  | Passport Number: | | |  | | Country where  Issued: |  |
|  | Date Issued: | | |  | | Expiration Date: |  |
| **Emergency Contact Information** | | | | | | | |
|  | Name: | | |  | | Relation: |  |
|  | Address: | | |  | | City: |  |
|  | State/Province/  Territory: | | |  | | Country: |  |
|  | Phone Number: (inc. country code) | | |  | | Email: |  |
| **Travel Insurance (Please provide Policy Declaration Page with this form.)** | | | | | | | |
|  | Company: | | |  | | Policy #: |  |
|  | Company’s 24 Hour Emergency Phone Number: | | | | |  | |

**MEETING THE ISRAELI AND PALESTINIAN PEACEMAKERS**

**July 13-24, 2014**

**Liability Waiver Form**

I, , the undersigned, am traveling with Yael Petretti’s Meeting the Peacemakers Delegation to Israel and Palestine, July 13-24, 2014.

I have been briefed, in writing, about the possible risks of traveling in this area by Yael Petretti. By signing this waiver, I acknowledge that I have received and read the “Security Letter.” I take full responsibility for my decision to participate in this delegation.

I understand that Yael Petretti has safely and responsibly operated delegations to Israel/Palestine and has led groups throughout the country since 1980. I understand that although Yael Petretti takes the group’s safety and comfort as her primary responsibilities, it is not possible to make an unequivocal guarantee of my complete safety during this trip due to any potential acts of war.

By signing this waiver, I release Yael Petretti from all liability claims that could arise from accident, injury, loss, or delays during the course of this trip.

I acknowledge that I have read and understand this disclaimer.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Signature |  | Date |