

SINAI TEMPLE
Social Action Mission
Sunday, July 25 – Tuesday, August 3, 2010

- World Express Travel will charge your credit card a \$200 per person deposit upon receipt of your application.
- Please note that cancellations after April 15th may result in land and/or air penalties and vary with each mission. The \$200 deposit is refundable without penalty until April 15, 2010.
- Each mission participant must fill out his/her own mission application.
- Please print information clearly.

THE DEADLINE TO RECEIVE APPLICATIONS IS APRIL 15, 2010

Personal Information

Name

Title (Mr., Mrs., Ms., Dr., Miss)	Full name exactly as appears on passport (First, Middle, Last)	Name as you'd like it on name tag

Passport Information

- *Passports must be valid for at least six months beyond the return date of the mission.*
- *Please include a copy of the front page of your passport.*

Passport #	Expiration Date	Country of Issue	Citizenship	Date of Birth (MM/DD/YYYY)

Contact Information

Street	
Apt/Suite #	
City/State/Zip	
Home Phone (include area code)	
Work Phone (include area code)	
Cell Phone (include area code)	
Email	
Fax (include area code)	

Gender Male Female

Dietary/Meal Requests

- Kosher: (please specify level of Kashrut required): _____
- Vegetarian
- Other (please specify): _____

Hotel/Room Assignments

Room Type - Please check applicable boxes:

Room requests will be accommodated pending availability.

- | | |
|--------------------------------------|---|
| <input type="checkbox"/> Double Room | <input type="checkbox"/> Single Room (additional charge of \$480) |
| <input type="checkbox"/> Smoking | <input type="checkbox"/> Non-smoking |
| <input type="checkbox"/> King Bed | <input type="checkbox"/> Twin Beds |
- Room Upgrade (additional charge)

Please reserve additional nights (additional charges apply)

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> Double Room | <input type="checkbox"/> Single Room (additional charge) |
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Prior to start of mission:

City: _____ Check in date: _____ Check out date: _____

City: _____ Check in date: _____ Check out date: _____

After end of mission:

City: _____ Check in date: _____ Check out date: _____

City: _____ Check in date: _____ Check out date: _____

If you are requesting a double room, please specify roommate's name: _____

Have you ever been on a mission to Israel yes no

Survey Questions (please answer the following questions so we can get to know you better)

1. What is/has been your relationship with Israel?

2. What do you hope to get out of participating in this Social Action Mission with Sinai?

Billing/Payment

The cost will be as follows:

Sinai Temple Members

- \$2,790 - This includes air, land, most meals, and tips
- + approx. \$ 400 - For fuel and taxes, this is subject to change as the market fluctuates
- \$3,190

Non-Members

- \$3,190 - This includes air, land, most meals, and tips
- + approx. \$ 400 - For fuel and taxes, this is subject to change as the market fluctuates
- \$3,590

Prior to the mission's departure, all known and pre-arranged costs must be fully paid. These include but are not limited to mission cost, air, room upgrades, early check-ins and/or late arrivals, transfers, etc.

Extras or "personal incidentals" (ie: room service, spa service) incurred during the mission will be charged automatically to the same card following the mission.

If you would like a summary of incidentals to be charged, please check this box:

Charges to your credit card will be made as follows:

- \$200 per person will be charged for deposit upon receipt of your application.
- Balance of the Mission is due to World Express Travel by May 25, 2010 and will be charged to your credit card unless other arrangements have been made.

I hereby authorize World Express Travel to charge the credit card provided below. I understand that these payments are necessary in order to reserve all land costs. I further recognize that these payments are payments for services (i.e., airfare, hotels, etc.) and not charitable contributions. In addition, I authorize the charging of this card for all unpaid incidentals and extras incurred during the mission.

Signature of Participant

Print Name

Date

Credit Card Information (check one):

Visa

Master Card

Discover

Cardholder's Name:

Cardholder's Signature:

Number:

Expiration Date:

Security Code (CVV):

Travel Arrangements

If you have mileage you would like to use to purchase your tickets please call World Express Travel – Orit Topf, (818) 654-2880. **For those booking travel through your own agent, please send a copy of your flight itinerary as soon as it is possible.**

START OF MISSION TRAVEL ARRANGEMENTS:

- I will depart on the mission's group flight**
- I will meet the group in Israel**
 - Please make arrangements for me to be met at the airport. (additional charge)
 - Please arrange a transfer from the airport to the hotel. (additional charge)

Group Departure (subject to change):

Airline – El Al	Flight # tba	Date July 25, 2010	Time 1:45 PM
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Arrival at destination:

Airline – El Al	Flight # tba	Date July 26, 2010	Time 2:10 PM
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END OF MISSION TRAVEL ARRANGEMENTS:

- I will depart on the mission's group flight**
- I made my own reservation for return.**
 - Please make arrangements for me to be taken to the airport. (additional charge)
 - Please arrange airport assistance. (additional charge)

Group Departure (subject to change):

Airline – El Al	Flight # tba	Date August 3, 2010	Time 1:00 AM
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Arrival at destination:

Airline – El Al	Flight # tba	Date August 3, 2010	Time 6:40 AM
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Medical & Emergency Information

All medical and emergency information will be held confidential by Sinai Temple, and will only be shared with appropriate medical and mission personnel, in case of emergency.

Medical Information

Allergies: _____

Prescriptions and doses: _____

Medical conditions: _____

Emergency contact:

Name _____ Relationship _____

Address _____ City _____ State _____ Zip _____

Phones:

Home () _____

Work () _____

Cell () _____

Signature

Print Name	Signature	Date

Please return this application with your payment and copy of your passport to:

Sinai Temple

10400 Wilshire Blvd.

Los Angeles, CA 90024

Or fax to: (310) 474-6801 – Attn: Lisa Herz