

# ISRAEL TRIP APPLICATION FORM (USA departures)

Dates: March 8-20, 2024

Cost: \$3,195\* USD per person including airfare from JFK and mandatory travel insurance

Note: applications for enrolled WOLBI students will be given priority until October 9, 2023.

# By signing this, you agree to all of the following. Please read carefully!

- This trip is reserved exclusively for WOLBI students, alumni, and staff.
- Your signature below constitutes a commitment to participate in the Israel trip at your expense.
- This is NOT a ministry trip but rather a personally-funded enrichment trip. As such, tax-deductible donations cannot be raised in the name of Word of Life to cover its cost.
- If you are an enrolled WOLBI student, the cost of this trip cannot be added to your student bill. Students with large outstanding balances on their student bill may be denied participation in the trip.
- A \$300 non-refundable reservation fee will be payable to Word of Life no later than **November 24, 2023.** This will be applied to the cost of the trip. Half the remaining cost (\$1450) will be payable to Word of Life no later than **January 12, 2024.** This installment is NOT reimbursable due to the airline seat being then committed. The remaining balance (\$1445) will be due no later than **February 2, 2024.** This installment may be reimbursed up to two weeks before departure. All payments can be made in cash, check to *Word of Life*, or credit card at <a href="https://www.wordoflife.edu/payments">www.wordoflife.edu/payments</a>. Select US BI and then "Israel Trip BI".
- See page 2 for further details regarding insurance coverage and trip cancellation policies.
- Space is limited and all applications will be honored on a first-come, first-served basis <u>upon receipt of the \$300</u> reservation fee. Word of Life staff and alumni may apply at any time, but enrolled WOLBI students will be given priority until October 9, 2023 as noted above. Once space has been filled, applicants will be placed on a waiting list. Reservation fees will be reimbursed to any applicant who is declined due to a lack of space.
- This trip departs JFK airport (New York City) at 1:00pm on Friday, March 8, 2024. Transportation to JFK is the responsibility of trip participants and is NOT included in the cost of the trip since this date falls in the middle of the spring break. For students studying at the NY campus, transportation will be provided from JFK back to the campus at no additional cost, arriving early Wednesday morning, March 20, 2024.
- A passport with an expiry date <u>no earlier than September 30, 2024</u> will be required by **January 9, 2024.** This is the responsibility of all trip participants and is NOT included in the cost of the trip.
- Any WOLBI classes missed due to participation in this trip must be made up upon the student's return.

Signature	 Date				
Print name: (If you have a passport, fill in your full name as it appears therein)	Do you have a passport? Yes No				
Date of birth: (mm/dd/yy)	Passport number:				
E-mail address:	Issuing country:				
Cell phone number:	Expiry date: (mm/dd/yy)				
WOLBI box number: Date/time received with	h \$300 fee:				

This page to be received by the WOLBI office with a \$300 non-refundable deposit no later than November 24, 2023.

<sup>\*</sup> Price listed is for multiple occupancy (3-4 people per room). Double occupancy is subject to availability and adds \$100 per person to the price.



## TRIP INSURANCE AND CANCELLATION

The following information applies to all trip participants, regardless of their point of departure, and reflects what is in effect as of this writing. Changes beyond the control of Word of Life are possible.

#### Trip insurance

There are currently no restrictions or requirements relating to Covid-19 except that you must hold travel or health insurance with coverage for the treatment of COVID-19 for the duration of your trip. Proof of such insurance may be requested upon arrival. This insurance is included in the cost of the trip. See <a href="here">here</a> for a full description of coverage.

### Trip cancellation

- If the trip is cancelled by Word of Life prior to November 28, 2023 due to unforeseen health or safety concerns, all funds will be reimbursed including the reservation fee.
- If the trip is cancelled due to unforeseen health or safety concerns which cause the airline to cancel our flights to Israel, the airline portion of the trip cost will become available for reimbursement. We will then do our best to secure the greatest possible reimbursement of the rest of the trip cost. The reservation fee will remain non-refundable.
- If a trip participant must cancel within two weeks of trip departure due to documented medical emergencies, we will do our very best to replace them with someone on the waiting list. If this is possible, a full reimbursement will be made including the reservation fee. If this is not possible, we will do our best to secure the greatest reimbursement that we can. The reservation fee will remain non-refundable.



## **RISK AND MEDICAL RELEASE FORM**

Participant's Name:							
I acknowledge that participation under 21 years of age collectivel not limited to the following: sicknowledge	y included hereinafter in th	ne term "Partio	cipant")	, and may r	esult in various	s types of injury	y including, but
In consideration for the opportuni with participation in the trip. The Participant promises to indemnify other representatives (collectively whether such injury arises out of	Participant accepts person , defend, and hold harmles r included hereinafter in the	nal financial re ss Word of Life e term "WOL"	sponsi e Fellov	bility for any wship, Inc. a	injury sustaine nd its agents, e	ed during the tremployees, vol	ip. Further, the unteers, or any
If a dispute over this agreement of acceptable alternative dispute res	or any claim for damages a solution process.	arises, the Par	ticipan	t agrees to r	esolve the mat	ter through a m	nutually
Is sponsor authorized to approve	medical treatment?	Yes	_ No				
Is participant covered by persona	l/family medical insurance	?Yes _	_ No	Emergency (	contact phone numb	er	
Participant Signature		Date		Witness	Witness		
Spouse (if married) Signature		 Date		Witness			
my permission for you to make an above period of time.  In the event I cannot be reached make any medical or legal decision to the participant caused by an atthat may arise for my child's care.  In the case of an emergency, core	in an emergency, I hereby ons as may be deemed ne ccident while under your o during this trip.	give permiss cessary. Furth control. I agre	ion for nermore that I	authorized pe, I will not h	personnel of W	Vord of Life Fell fe, Inc. liable fo	lowship, Inc. to
Daytime Phone	Evening Phone		Mobile	e Phone			
If Participant is under the custody If not, only the signature of the pa			es are r	equired.			
FATHER / GUARDIAN (Print Name) FATHER / GUARDIA					DATE		
MOTHER / GUARDIAN (Print Name)	MOTHER / GUA	RDIAN (Signature	l		DATE		
Sworn and subscribed to before i	me this day of		,	·			
NOTARY (Print Name)							
NOTARY (Signature)							REQUIRED FOR TS UNDER 21

This page to be received by the WOLBI office no later than January 9, 2024.