ISRAEL STUDY TOUR APPLICATION FORM
(Group departing JFK)
Dates: March 12-24, 2027
Cost: $4,498* USD per person including airfare from JFK

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

- This trip is reserved for Word of Life staff and enrolled students and their immediate family members as well as for alumni.
- 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 $500 non-refundable reservation fee (see exceptions on the next page) will be payable to Word of Life no later than **November 30, 2026.** This will be applied to the cost of the trip. Half the remaining cost ($1999) will be payable to Word of Life no later than **January 8, 2027.** This installment is NOT reimbursable due to the airline seat being then committed. The remaining balance ($1999) will be due no later than **February 5, 2027.** 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 www.wordoflife.edu/payments. Select US BI and then "Israel Trip - BI".
- See the next page for details regarding insurance coverage and cancellation policies.
- Space is limited and all applications will be honored on a first-come, first-served basis upon receipt of the $500 reservation fee. 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 6:30pm on Friday, March 12, 2027. For students studying on the NY campus, bus transportation will be provided to JFK at no additional cost. The trip returns to JFK at 6:00am on Wednesday, March 24 during the WOLBI spring break and trip participants are then responsible for their own transportation to the destination of their choice.
- A passport with an expiry date no earlier than September 30, 2027 and an ETA-IL authorization (cost ≈ $7) will be required by **February 15, 2027.** These are the responsibility of all trip participants and are NOT included in the cost of the trip.
- Any classes missed due to participation in this trip must be made up upon the student's return.

_____ _____

Signature Date

Print name: _____ Do you have a passport? Yes No

- *If you **do have a passport** with an expiry date beyond Sept.30, 2027, fill in your full name as it appears therein.*
- *If you **do not have a valid passport**, circle "no" and fill in your full name exactly as it will appear on your new passport. Do NOT wait to obtain your new passport to submit this application. It may be too late!*

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 $500 fee: _____**

This page to be received by the WOLBI office with a $500 non-refundable deposit no later than November 30, 2026.

* Price listed is for multiple occupancy (3-4 people per room). Double occupancy is subject to availability and adds $150 per person to the price.

TRIP INSURANCE AND CANCELLATION

The following information applies to all trip participants, regardless of their departure location, and reflects the policies in effect as of the date of this document. Changes beyond the control of Word of Life may occur.

Trip insurance

There are currently no medical restrictions or vaccination requirements. However, all participants must have travel or health insurance. Proof of such insurance may be requested upon arrival. The required insurance is included in the cost of the trip. See here for a full description of coverage.

Trip cancellation

- If Word of Life cancels the trip before December 1, 2026, for any reason, all funds paid, including the reservation fee, will be refunded as follows:
    - For WOLBI students enrolled in the spring 2027 semester, the funds will be applied to their spring semester student bill unless there is a compelling reason to issue a refund.
    - For all other participants, the funds will be refunded directly to them.
- If unforeseen health or safety concerns cause the airline to cancel our flights to Israel, the portion of the trip cost attributable to airfare will be eligible for reimbursement. We will then make every reasonable effort to obtain the maximum possible refund of the remaining trip costs, less a $250 administrative fee.
- If a participant must cancel within two weeks of departure due to a documented medical emergency, we will make every reasonable effort to find a replacement from the waiting list. If a replacement is found, the participant will receive a full refund, including the reservation fee. If no replacement can be found, we will make every reasonable effort to obtain the maximum possible refund, less a $250 administrative fee.

RISK AND MEDICAL RELEASE FORM

Participant's Name: _____

I acknowledge that participation in the Israel trip March 12-24, 2027 involves risk to the Participant (or parent/guardian, if Participant is under 21 years of age collectively included hereinafter in the term "Participant"), and may result in various types of injury including, but not limited to the following: sickness, bodily injury, death, emotional injury, personal injury, property damage and financial damage.

In consideration for the opportunity to participate in the Israel trip, the Participant acknowledges and accepts the risk of injury associated with participation in the trip. The Participant accepts personal financial responsibility for any injury sustained during the trip. Further, the Participant promises to indemnify, defend, and hold harmless Word of Life Fellowship, Inc. and its agents, employees, volunteers, or any other representatives (collectively included hereinafter in the term "WOL") for any injury related directly or indirectly out of the above trip, whether such injury arises out of the negligence of WOL or otherwise.

If a dispute over this agreement or any claim for damages arises, the Participant agrees to resolve the matter through a mutually acceptable alternative dispute resolution process.

Is sponsor authorized to approve medical treatment? ___Yes ___ No _____
Emergency contact phone number

Is participant covered by personal/family medical insurance? ___Yes ___ No

_____	_____	_____
Participant Signature	Date	Witness
_____	_____	_____
Spouse (if married) Signature	Date	Witness

If the Participant is under 21 years of age, the following must also be signed and notarized (in addition to the above).

I do hereby give permission for my above son/daughter to travel and participate in the activities of the Israel trip March 12-24, 2027**.**

I understand that you will exercise, to the best of your ability, standards of control for the best interests of the group. Therefore, I do give my permission for you to make any decisions and carry out any disciplinary action necessary to connect with my son/daughter during the above period of time.

In the event I cannot be reached in an emergency, I hereby give permission for authorized personnel of Word of Life Fellowship, Inc. to make any medical or legal decisions as may be deemed necessary. Furthermore, I will not hold Word of Life, Inc. liable for any damages to the participant caused by an accident while under your control. I agree that I will be solely responsible for any emergency expenses that may arise for my child's care during this trip.

In the case of an emergency, contact me at the following phone number(s):

_____	_____	_____
Daytime Phone	Evening Phone	Mobile Phone

If Participant is under the custody of both parents, both parents' signatures are required.
If not, only the signature of the parent who has custody is required.

_____	_____	_____
FATHER / GUARDIAN (Print Name)	FATHER / GUARDIAN (Signature)	DATE
_____	_____	_____
MOTHER / GUARDIAN (Print Name)	MOTHER / GUARDIAN (Signature)	DATE

Sworn and subscribed to before me this _____ day of _____, _____.

_____
NOTARY (Print Name)

_____
NOTARY (Signature)

NOTARY SEAL REQUIRED FOR PARTICIPANTS UNDER 21

This page to be received by the WOLBI office no later than February 15, 2027.