



**A deposit of \$500 is payable to Hudson River Presbytery by August 30, 2019. Also include this completed registration form and copy of your passport which must be valid for 6 months after 2/9/2020.**

**Additional and final payment due November 1, 2019. \$1540 (double) \$2330 (single)**

Payable and mailed to Attn: PILGRIMAGE  
Hudson River Presbytery, 655 Scarborough Rd, Scarborough, New York 10510

*Refunds for cancellations may be possible and will be evaluated on a case by case basis.  
Some fees may not be refundable, especially if cancellations are within the last 90 days.*

Name as it is on your passport \_\_\_\_\_

Address \_\_\_\_\_

Phone - cell \_\_\_\_\_ other \_\_\_\_\_

Email address \_\_\_\_\_

Emergency contact name/phone \_\_\_\_\_

Double Room Yes ☐ roommate Yes ☐ No ☐ name if yes \_\_\_\_\_

Single Room Yes ☐ (**MAY NOT BE AVAILABLE AT I'BILLIN**) - **\$790 extra**

Do you have any allergies? No ☐ Yes ☐ \_\_\_\_\_

Special diet? No ☐ Yes ☐ \_\_\_\_\_

Physical challenges? No ☐ Yes ☐ \_\_\_\_\_

Emotional challenges? No ☐ Yes ☐ \_\_\_\_\_

Are you covered by illness and accident insurance? Yes ☐ No ☐

Does your insurance cover your overseas travel? Yes ☐ No ☐

Name of your insurance company and their emergency contact number:

\_\_\_\_\_

Are there any other special considerations we should know about in processing your application? No ☐ Yes ☐ \_\_\_\_\_

**PLEASE READ AND SIGN THIS AGREEMENT:**

I agree to all the conditions relevant to this trip by any sponsoring entities and group leaders. I will take part fully in all aspects of the trip, including any orientation and debriefing, and use the insight gained for the furthering of the goals of the group to the best of my ability. I will also fulfill my financial obligations. I VERIFY THIS STATEMENT BY PLACING MY INITIALS HERE: \_\_\_\_\_

**ASSUMPTION OF RISKS:**

I, \_\_\_\_\_, acknowledge that I have voluntarily applied to participate on the trip designated on this application. I am voluntarily participating on this trip with knowledge that travel could involve numerous risks and dangers. I HEREBY AGREE TO BE RESPONSIBLE FOR MY OWN WELFARE, AND ACCEPT ANY AND ALL RISKS OF DELAY, UNANTICIPATED EVENTS, ILLNESS, INJURY, EMOTIONAL TRAUMA OR DEATH AND VERIFY THIS STATEMENT BY PLACING MY INITIALS HERE: \_\_\_\_\_

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

Israeli tour operator:

Gadi Hadani Touring Services (Lic. No. 2709)

31 Horowitz, Rishon Le-zion 75233, Israel

Cell: 011 972-50-528-7747

Contact information for

Anne Weirich

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Leslie Mott

cell (845) 249-8530 [revleslie@optonline.net](mailto:revleslie@optonline.net)

**Suggestions for reading, packing and travel will be sent when the registration and deposit are received. If you have any questions, please call or write Anne Weirich.**