**A fully refundable deposit of $500 is payable to Presbytery of Scioto Valley by**

**April 30, 2023.  Mark the check for Israel/Palestine 2023.**

**Additional and final payment of (double) (single) due October 1, 2023**

**THIS FINAL PAYMENT IS NOT REFUNDABLE.  Cancellations after this date would be covered by travel insurance - which is highly recommended**

**This price does not include airfare - see below for more information about flights.**

Payments are payable and mailed to Attn:   
Presbytery of Scioto Valley, 4131 North High Street, Suite B, Columbus, OH  43214-3001

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 (limited number available) Yes ☐  - ***$777 extra – Israel; 186 extra - Jordan )***   
 Initial here:  \_\_\_\_\_\_\_\_\_\_

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 ☐

Medical treatment, if needed, is paid for in cash and reimbursed by your insurance.

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 ☐ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you willing to engage in regular zoom meetings to prepare for the trip? No ☐ Yes ☐

PLEASE READ AND SIGN THIS AGREEMENT:

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, COVID PANDEMIC OR DEATH AND VERIFY THIS STATEMENT BY PLACING MY INITIALS HERE: \_\_\_\_\_\_\_\_

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: \_\_\_\_\_\_\_\_

I acknowledge that I have been informed that travel insurance is highly recommended and will cover any losses I may incur due to cancellation after October 1, 2023, or the need for any extended stay due to COVID-19 or other illness.

I VERIFY THIS STATEMENT BY PLACING MY INITIALS HERE:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I acknowledge that any fees for transfer to the group due to late arrival or the need for early departure will be mine to pay.  I VERIFY THIS STATEMENT BY PLACING MY INITIALS HERE:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Checklist for registration mailing:**

1. Completed, signed and initialed form.
2. Check for $500 payable to Presbytery of Scioto Valley.

3.  Copy of passport valid until 6 months after the departure date of 04/1/2024

**Save This Page!**

**Group flights and reservations will be recommended in future.  These flights will not**

**be required but are strongly encouraged.**

**Paying with miles or for upgrades may be possible through the travel agent.**

**The travel agent is:  Christina at All Aboard Travel.**

<http://www.allaboardtravelhillsdale.com/>

**If you travel independently, you must arrive and depart within an hour of the group.**

If this timing is not possible, or you miss your incoming flights or have delays,

you will be expected to pay for the additional transport costs to catch up with the group.

This transport can usually be arranged for you through the operator.

**Hotels for “Come and See, Go and Tell” (subject to change)**

Pilgerhaus, Tiberias, Abraham Herberger, Bethlehem; Ibis Amman Hotel, Petra Palace Hotel

Holy Land Hotel, Jerusalem

**Additional and final payment of $2825 (double) $3805 (single) due October 1, 2023**

**THIS FINAL PAYMENT IS NOT REFUNDABLE.  Cancellations after this date would be covered by travel/trip insurance - which is highly recommended**

**TRIP INSURANCE IS HIGHLY RECOMMENDED AND CAN BE FOUND ONLINE OR THROUGH THE TRAVEL AGENT ABOVE.**

**PLEASE BE SURE TO READ POLICIES CAREFULLY TO GET THE COVERAGE THAT IS IMPORTANT TO YOU.**

Israeli tour operator:

Dimitri Khashram, Aeolus Tours

P.O. Box 19519, Jerusalem 9119401. cell:  972.54.6762436

Mary Gene Boteler cell (740) 704-0983  [mgboteler@gmail.com](mailto:mgboteler@gmail.com)

Rick Nutt cell (740) 704-6636. rnutt@muskingum.edu

**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 Mary Gene Boteler**