



A Program of the Museum of Jewish Heritage

How to register

Mail

Fill out this registration form and mail with your check or credit card information to:

Jewish Heritage
Travel Program
27 North Chestnut Street
New Paltz, NY 12561

Fax

Fill out this registration form and mail with your check or credit card information and fax to:

845.256.0196

Telephone

Call the office

845.256.0197

Monday-Friday, 10am-5pm

Disclaimer of Responsibility

By registering for this program, participant specifically waives any and all claims of action against the Museum of Jewish Heritage, and the Jewish Heritage Travel office and their respective staffs for damages, loss, injury, accident or death incurred by any person in connection with this tour. The Museum of Jewish Heritage, and the Jewish Heritage Travel office and their respective staffs assume no responsibility or liability in connection with the service of any train, vessel, carriage, aircraft or other conveyance which may be used wholly or in part in the performance of their duty to the passengers. Neither will the Museum of Jewish Heritage, and the Jewish Heritage Travel office or their staffs be responsible for any injury, death, loss, accident, delay or irregularity through neglect or default of any company or person engaged in carrying out the purposes for which tickets, vouchers, or coupons are issued. No responsibility is accepted for losses or expenses due to sickness, weather, strikes, wars and other causes. In the event it becomes necessary or advisable for any reason whatsoever to alter the itinerary or arrangements, such alterations may be made without penalty. All rights reserved to require any participant to withdraw from the tour at his/her own expense when such an action is determined by the tour staff to be in the best interest of the participant's health and safety, and that of the group in general.

REGISTRATION FOR:

Trip title/country

Dates of travel

CONTACT INFORMATION

Name

Address

City

State

Zip

Email address

Phone number

Cell phone number

PARTICIPANT NAMES:

ACCOMMODATIONS

I would like a single room (for single room supplement please see trip details)

I'll share a room with:

Please share any special information we should know to enhance your experience.

FLIGHT ARRANGEMENTS

I will make my own flight arrangements . I need assistance and will call (845-256-0197).

DEPOSIT

Enclosed is a check made payable to Jewish Heritage Travel in the amount of : \$_____.

Please charge \$_____ to my: MasterCard Visa American Express

card holder's name

card number

exp. date: mo/yr

validation code

Signature

Please send your deposit for \$1000 per participant by mail or fax (see details at left)