



CROSS ISRAEL HIKE

ONEFAMILY FUND THE GOLAN EXPERIENCE OCTOBER 22 TO 26, 2017

2017 REGISTRATION FORM - \$2495USD PER PERSON (SPECIAL COUPLES RATE OF \$4750USD)

Name of Registrant: _____
Last Name First Name

Home Address: _____

City Province Postal Code Country

Daytime Telephone: _____ Evening Telephone: _____

Cell: _____ Email: _____

I give permission for my contact information to be circulated to other hikers (please circle): **YES / NO**

Payment Method (Please circle one) **(Non-refundable)**:

VISA MASTERCARD AMEX CHEQUE (Made payable to OneFamily Fund Canada)

____ Please charge my credit card for the deposit of \$500 CDN / USD (circle one) to hold my spot!

____ Please charge my credit card the remaining balance of the hike registration fee on the following date: _____.

____ Please charge my credit card for the full amount of \$2495USD.

Credit Card Number: _____ Exp. Date: _____

Name on Card: _____

Signature: _____ Date: _____