

MiniVacation 2017 Application

Monday, June 5 – Thursday, June 8, 2017

Isabella Freedman Jewish Retreat Center

Please fill out this application to attend the 2017 MiniVacation. Your completed application, including payment, must be received no later than must be received no later than May 1, 2017 in order to secure a space in the program (pending application approval).

RATES: The registration fee is \$300 per person. This registration fee includes accommodations, meals, and transportation to and from the retreat center via bus. This does not include nominal fees for optional trips out or spending money for our onsite store.

PARTICIPANT INFORMATION

FULL NAME (First, Last)

EMAIL

TELEPHONE NUMBER

STREET ADDRESS

CITY, STATE

ZIP CODE

ALLERGIES/DIETARY RESTRICTIONS (IF ANY)

PHYSICAL RESTRICTIONS (IF ANY)

ACCESSIBILITY NEEDS (IF ANY)

RELIGIOUS IDENTITY/AFFILIATION (OPTIONAL)

HAVE MANY TIMES HAVE YOU ATTENDED
MINIVACATION AT ISABELLA FREEDMAN BEFORE?

0 1-5 times 6-10 times 11+ times

Please type or print information legibly in blue or black ink.

EMERGENCY CONTACT

NAME

RELATIONSHIP TO PARTICIPANT

PRIMARY PHONE #

SECONDAY PHONE #

LODGING PREFERENCES: *We will honor specific lodging requests when possible. We cannot guarantee that you will be assigned your preferred room/building.*

GENDER IDENTITY (USED TO MATCH ROOMMATES)

GENDERS WITH WHICH YOU PREFER TO SHARE A ROOM

REQUESTED ROOMMATES (IF ANY)

BUILDING / ROOM PREFERENCES

1st choice

2nd choice

3rd choice

AGENCY INFORMATION

AGENCY AFFILIATION

GROUP LEADER

GROUP LEADER TELEPHONE # AND EMAIL

PAYMENT

Pay by Check:

I have enclosed a check in the amount of \$300.00 payable to Isabella Freedman Jewish Retreat Center. (Note: if paying as a group, please include a check for the full amount for the group — \$300 per person.)

Pay by Credit Card:

Please charge my credit card in the amount of \$300.00. If you are paying by credit card, please provide your credit card information and sign below. By providing this information and signing below, you are agreeing to pay the aforementioned registration fee.

CARDHOLDER NAME

CARD BILLING ADDRESS

CARD NUMBER

EXPIRATION DATE

SECURITY CODE

SIGNATURE

DATE

Please send your completed application to:

Isabella Freedman Jewish Retreat Center
116 Johnson Rd
Falls Village CT 06031

For all retreat related questions, contact:

MiniVacations Co-Directors

Laura Evonne Steinman and Elizabeth Yaari
minivacationcamp@gmail.com
(631) 935 2212 (Elizabeth's phone number)

Website: <http://hazon.org/minivacations>

For registration questions only, contact:

registrar@hazon.org, (860) 824 5991 ext. 0

CANCELLATION POLICY

| Cancellation Date | Refund Policy |
|--|---------------------------------|
| Up to 7 days prior to retreat start date | Refundable less \$50 per person |
| Between 3-6 days prior | 50% refundable |
| 48 hours before retreat start date, if you do not show up, or if you leave early | non-refundable |

Hazon reserves the right to cancel any program at any time. In the event of such a cancellation, you will receive a complete refund.

Inclement Weather: Hazon reserves the right to cancel a retreat due to inclement weather if, in its judgment, it will be unable to operate safely. In the event of such a cancellation, a full refund will be issued. In the event that the retreat proceeds as scheduled, no refund will be available.

All application forms are subject to approval and must be submitted with a check for full payment or your credit card information upon approval of the application.

For Isabella Freedman Staff Only

APPLICATION RECEIVED:

APPLICATION APPROVED:

DATA E-FILED:

PAYMENT RECEIVED: