



Jewish Legacy Tours

Exclusive - Midreshet Tehillah Seminary POLAND TOUR 2020

TOUR DATES: March 15 – 19, 2020

TOUR INFORMATION, ITINERARY & REGISTRATION FORMS

***Tour Itinerary**

DAY 1: SUNDAY, MARCH 15

Flight from Tel Aviv at 7:55pm, to **Warsaw**, Poland, arriving 10:55pm.
Late check-in to hotel.

- ***Sleep in Warsaw***

DAY 2: MONDAY, MARCH 16

Visit the **Warsaw** Beis-hachaim (Cemetery) where many great personalities of our past are buried.
On to the Warsaw Ghetto the 'Umschalagplatz' ('Collection Platform') and walk past a number of monuments.
In the afternoon, travel north-east to **Treblinka extermination camp**.
From there drive south to **Lublin**.

- ***Sleep in Lublin***

DAY 3: TUESDAY, MARCH 17

Visit the Majdanek Concentration Camp in **Lublin**.
From there visit the original Yeshivas Chachmei Lublin taking in the grandeur of the beautifully restored Beis HaMedrash.
Later, continue south to **Lizhensk** for a powerful tefillah at the kever (burial place) of the Noam Elimelech in Lizhensk.

- ***Sleep in Tarnow***

DAY 4: WEDNESDAY, MARCH 18

Start the day in **Tarnow** visiting the old town & Bimah, the last remnant of a large Jewish community.
We will visit and pray at the incredibly tragic mass-grave on the outskirts of town.
Heading west to **Krakow** we will tour the old Jewish Quarter (Kazermierz), with its beautiful, ancient shuls.
See the Remah's newly restored original shul and historic cemetery, and daven at the kevarim of the Remah, the Bach, and Tosefos Yom Tov and other great Torah luminaries.

- ***Sleep in Krakow***

DAY 5: THURSDAY, MARCH 19

Travelling further west, we will visit **Auschwitz-Birkenau concentration camp**.
In the late afternoon, back to **Krakow** to visit the original Beis Yaakov school, visit the Ghetto and **Plaszow concentration camp**. We will daven at Sarah Schenirer's kever. Late dinner and wrap-up session.
Off to the airport - late night/early morning.

- ***Return to Israel – early morning flight from Krakow at 5:30am, arriving in Israel at 10:30am.***

****Itinerary subject to change***

Nesivos / Jewish Legacy Tours

In the US: 917-909-8843 · In Israel: 972-54-528-1991 · U.S. Fax: 917-793-4331 or ISRAEL Fax: 972-2-652-6646

Email: info@nesivos.com / www.nesivos.com



Jewish Legacy Tours

**Exclusive - Midreshet Tehillah Seminary
POLAND TOUR - 2020**

TOUR DATES: March 15 – 19, 2020

REGISTRATION/PAYMENT INSTRUCTIONS

TOUR COST: \$1,325.00 per person - Includes Land & roundtrip flights

Tour program includes: Roundtrip airfare *ISRAEL-POLAND-ISRAEL, all land travel in Poland, tourist class hotels, modern buses, three daily Kosher L'Mehadrin meals, professional English speaking tour guides, educational program, and mandatory medical/travel insurance.

Tour costs do not include: 1) Mandatory Visas for those who are required (see below), 2) Tips – Suggested tips: \$25 per person, 3) Transportation to and from airport in Israel, and 4) Individual flight arrangements/needs traveling to and from Poland (not traveling with group), and /or land logistics in Poland for participant's individual deviations from the group's itinerary.

IMPORTANT!!! BECAUSE OF MAIL THEFT, IT IS BEST TO SEND ALL CHECK PAYMENTS BY REGISTERED MAIL!

- DEPOSIT of **\$400.00** and APPLICATION deadline: **JANUARY 1, 2020**
- Deposit of **\$400.00** is **NON-REFUNDABLE**
- Balance of payments deadline: **FEBRUARY 15, 2020**

HOW & WHERE TO SEND PAYMENTS

- DIRECT BANK DEPOSIT/WIRE/ OR QUICKPAY/ZELLE TO CHASE ACCOUNT IN THE U.S.
- USD cash or Shekel cash equivalent
- USD Check. NO ISRAELI CHECKS ACCEPTED
- NON-U.S. CHECKS: A \$25 service charge will be added for payments made with dollar checks from Canadian OR U.K. banks that do not have U.S branches.
 - **PAYMENT ARE REQUESTED TO BE PAID DIRECTLY TO JEWISH LEGACY TOURS, VIA DIRECT DEPOSIT, WIRE OR QUICKPAY/ZELLE PAYMENTS:**
 - **WIRING INSTRUCTIONS/DIRECT DEPOSIT BY CASH OR CHECK: CASH DEPOSITS, PLEASE WRITE YOUR NAME ON THE DEPOSIT SLIP!**
 - **WIRE PAYMENTS FROM U.K. AND CANADA, PLEASE ADD \$15 SERVICE CHARGE TO THE PAYMENT**
 - **WIRING TO CHASE BANK - ACCOUNT NAME: JEWISH LEGACY TOURS LLC**
Chase Bank - Account # 959615188
Swift Chasus33 / Routing # 322271627
Bank Address is: 2201 Westwood Boulevard, Los Angeles, CA 90064
Email address associated with account: info@nesivos.com
 - **DIRECT DEPOSITS: Direct deposits can be done at any Chase branch in the US**
 - **QUICKPAY PAYMENTS: WE CAN SEND YOU A QUICKPAY BILL BY REQUEST**
 - **For Quick pay: Email address associated with the account is: info@nesivos.com**
- **CREDIT CARD PAYMENT: CREDIT CARD PAYMENT CAN ONLY BE RECEIVED THROUGH PAYPAL WITH ADDITIONAL 3% SERVICE CHARGE. WE CANNOT TAKE CREDIT PAYMENTS BY PHONE OR BY EMAIL!!! CONTACT US TO ISSUE YOU A PAYPAL BILL**
- **CREDIT CARD PAYMENTS THROUGH PAYPAL MUST INCLUDE AN ADDITIONAL 3% SERVICE CHARGE TO YOUR PAYMENT.**
- **OUR PAYPAL EMAIL ASSOCIATED WITH OUR ACCOUNT: info@nesivos.com**

MIDRESHET TEHILLAH – POLAND TOUR 2020

Tour Dates: March 15-19, 2020

APPLICATION FORM

PLEASE LIST ANY ALLERGIES (FOOD OR OTHER)
IMPORTANT: PLEASE SEE BELOW ABOUT FOOD ALLERGIES & SPECIAL DIETS

*****WRITE EXACT INFORMATION AS IT APPEARS ON YOUR PASSPORT*****

YOUR cell# in ISRAEL: _____ Your personal email _____@_____

NICKNAME/NAME YOU'RE CALLED _____ Date of Birth: (DAY) _____ (MONTH) _____ (YEAR) _____

LAST NAME (ON PP) _____ FIRST NAME (ON PP) _____ Under 18? _____

PP # _____ PP Exp. Date (DAY) _____ (MONTH) _____ (YEAR) _____ Citizenship on PP _____

Name of Parent(s) or Legal Guardian (father) _____ (mother) _____

Home Address (street) _____ City _____ State _____ Zip _____

Home Tel # _____ Mother Email or Main Email for parents: _____@_____

Mother Cell/Tel # _____ Father Cell/Tel # _____ Father Email _____

ROOMMATES: Please note that rooming in hotels is subject to the hotels' schematics, and we will try our best to match up participants based on their choice of roommates. Roommate: #1 _____ Roommate #2 _____

Authorization and Release of Liability

- 1. JEWISH LEGACY TOURS (Nesivos Tours, Legacy Tours, Yehuda & Allison Fried), hereinafter referred to as "JEWISH LEGACY TOURS" is not responsible for lost, stolen, or damaged personal property, anytime during the course of the tour to Poland and Lithuania. In the event that any of the personal articles that a participant may bring on said tour should get stolen, lost or damaged, including and not limited to currency, clothing, photography equipment, passports, etc., JEWISH LEGACY TOURS are released from any and all responsibilities, liabilities, and claims therein.
2. JEWISH LEGACY TOURS is not responsible for any lost luggage incurred by the airlines or redeeming any lost luggage. Should the airline lose any participant's luggage during the course of said tour, JEWISH LEGACY TOURS will help file the initial claim at the airport and will use its own discretion and do its best to follow up with the airlines to redeem the luggage/and or have it delivered to the participant during the course of the tour, based on what is logistically feasible during the tour. JEWISH LEGACY TOURS is not responsible for any costs incurred in picking up lost luggage from airlines/airports to redeem participant's lost luggage and/or purchasing missing items due to lost luggage.
3. JEWISH LEGACY TOURS, its agents and representatives shall not be responsible for or assume any liability for any and all claims resulting in any losses, damages, personal injury, illness, accidents, death, theft, or any damage to property incurred for the entire duration of said tour. Jewish Legacy Tours will not be responsible for any liability, loss, or any claims for cancellations of scheduled tour, changes in itineraries and/or other alterations due to but not limited by illness, weather conditions, acts of war, military action, strikes, terrorism, changes in scheduled flights, other transportation changes or any other changes beyond its control.
4. Should JEWISH LEGACY TOURS and/or staff members need to administer and/or seek medical attention on my behalf, as deemed necessary by authorized medical personnel, hospitals and/or medical facilities during said tour to Poland, I fully understand JEWISH LEGACY TOURS or any of its staff take no responsibility for any and all the medical treatments administered to me during the course of said tour and JEWISH LEGACY TOURS are released from any and all liabilities and claims relating to said medical treatments and are released from any and all insurance claims resulting from medical treatments administered to me during the course of the entire tour.

General Disclaimer

- 1. MANDATORY MEDICAL/TRAVEL INSURANCE: JEWISH LEGACY TOURS requires that every tour participant must carry Medical/Travel Insurance which covers the participant during the entire tour in Poland. This insurance is included in the costs and only for those whose medical conditions comply with the insurance company's guidelines. (see other side "Medical/Travel Insurance Waiver and Disclaimer Form"). Every participant must sign a Medical/Travel Insurance Waiver and Disclaimer form before departing on the tour (see other side).
2. ALLERGIES & SPECIAL DIETS: Participants who require special arrangements for allergies and special medical diets will need to clearly send in writing to JEWISH LEGACY TOURS in advance of the tour along with their application, the specific details of their situations and restrictions, including any related medical information, in order to access whether the tour can accommodate the participants' individual needs or accept their application.
3. VISAS: Visas that might be required for said tour will be the sole responsibility and expense of the participant. Americans, Canadians and Israelis do not need visas to Poland. South Africans MUST have visas for Poland. Other countries not listed here check with JEWISH LEGACY TOURS office.
4. JEWISH LEGACY TOURS reserves the right to cancel participation of any participant on the tour for reasons of disciplinary action, security needs, or medically related problems. The participant will return to his place of origin, at his own expense. JEWISH LEGACY TOURS reserves the right to use its own discretion to deny or cancel anyone's participation prior to the tour. Moreover, JEWISH LEGACY TOURS works in cooperation with yeshivas and seminaries and if any participant has been expelled, been subject to any disciplinary action in their seminary, JEWISH LEGACY TOURS reserves the right to cancel said student's participation prior to the tour. Any refund, excluding the non-refundable deposit, will not be issued prior to thirty (30) days after said tour.
5. CHANGES IN SCHEDULES/FEES: JEWISH LEGACY TOURS is not responsible for any and all last minute changes, cancellations, and/or rerouting of flights imposed by the airlines or other transportation schedules, and reserves the right to cancel, alter, or change any aspect of the tour, as deemed necessary, without prior notification to the participant, this includes the quoted fees in the event that air and/or land fees change.
6. DEPOSITS: The mandatory \$400.00 deposit fees due by JANUARY 1, 2020. DEPOSIT IS NON-REFUNDABLE / BALANCE DUE FEBRUARY 15, 2020.
7. CANCELLATIONS/REFUNDS: To cancel reservations on the tour all participants must contact JEWISH LEGACY TOURS directly before or no later than MARCH 1, 2020. If cancellation notice is received by MARCH 1, 2020, with the exclusion of the non-refundable \$400.00 deposit, paid fees will be refunded, less any expenses incurred on behalf of the participant as of the date of the cancellation to Jewish Legacy Tours. For Cancellations AFTER the MARCH 1ST deadline JEWISH LEGACY TOURS will not refund any fees paid.
8. CANCELLATIONS DUE TO ILLNESS: Refunds for Cancellations due to illnesses resulting in hospitalization of the participant prior to the tour will be at the sole discretion of the Medical/Travel Insurance company provider that issued the policy on behalf of the participant and does not impose any responsibilities, liabilities, and claims therein to JEWISH LEGACY TOURS. Cancellations due to illnesses NOT RESULTING in hospitalization prior to the tour are not covered under the Medical/Travel Insurance purchased on behalf of the participant and no refunds will be issued from the Medical Insurance provider or JEWISH LEGACY TOURS.

APPLICATIONS WILL NOT BE ACCEPTED AND PROCESSED WITHOUT SIGNATURE OF PARTICIPANT AND/OR LEGAL GUARDIAN

I declare that the above information I have filled out is true. I understand and agree to the above mentioned Authorization and Release of Liability and the General Disclaimer, and also agree to follow the rules and regulations, as specified prior to or during the tour, by the leaders of Jewish Legacy Tours.

Signature of participant and/or legal guardian _____ Dated _____

FILL OUT, SIGN & RETURN FORM - FAX OR SCAN/EMAIL TO:

FAX IN U.S. 917-793-4331 – or FAX IN ISRAEL: 972-2-652-6646 / email: info@nesivos.com



Jewish Legacy Tours

MIDRESHET TEHILLAH – POLAND TOUR 2020

Tour Dates: March 15-19, 2020

MEDICAL/TRAVEL INSURANCE WAIVER, DECLARATION AND RELEASE OF LIABILITY FORM

MANDATORY FORM FOR TOUR PARTICIPANTS - PLEASE READ, FILL OUT CLEARLY & SIGN

Applicant Full Legal Name as appears on Passport (please print):

Last Name First Name Passport # My birthday (day) (mo) (year) Passport Exp date: PP issued country: (U.S., Canada)

IMPORTANT! Please fill out the following Medical Information: (if couple please give separate info): Taking medications? Yes No If yes, specify medications/dosage List any current medical conditions

IMPORTANT – PLEASE LIST HERE IN DETAIL ANY SERIOUS FOOD ALLERGIES

Participants who require special arrangements for allergies and special medical diets will need to send in writing to JEWISH LEGACY TOURS in advance of the tour along with their application specific details of their allergies, including any related medical information.

To the insurance agent on behalf of the Medical/Travel Insurance company for said MIDRESHET TEHILLAH POLAND TOUR; MARCH 15-19, 2020. Please issue me a medical and travel insurance policy for said trip, including all travel days.

JEWISH LEGACY TOURS (Nesivos Tours, Legacy Tours, Yehuda & Allison Fried), hereinafter referred to as "JEWISH LEGACY TOURS"

I hereby understand and declare all of the following to be true:

- 1. I have no pre-existing nor current chronic medical condition.
2. I am not under the care of any physician nor do I take any medications.
3. I give the insurance agent on behalf of and/or the Insurance company that is issuing the insurance for said tour full authority to check my medical records in the case of any claims.
4. I have no knowledge of any need for medical treatment, lab-work, or hospitalization while outside of Israel during the above travel term.
5. I am aware that the travel insurance does not cover any expenses related to the normal treatment or relating to complications of any pre-existing illness, disability, defect or other pre-existing medical condition and I was not hospitalized within the past six months prior to the above departure date.
6. I am aware that it is only on the basis of this declaration that the Insurance company for this tour agrees to issue me an insurance policy and that this declaration forms an integral part of the insurance policy.
7. I am aware that this medical/travel insurance only covers all medical bills incurred in the country being visited during said tour and ONLY includes air ambulance coverage returning to Israel. It does not cover medical bills in Israel or other countries and air ambulance to any other country OTHER than Israel.
8. I am aware that should I cancel my participation on said tour due to hospitalization, prior to departure date, reimbursements, payments, if any, will be at the sole discretion of the insurance company.

Authorization and Release of Liability

- 1. Jewish Legacy Tours may administer and/or seek medical attention on my behalf, as deemed necessary, by authorized medical personnel, hospitals and/or medical facilities, during said tour to Poland.
2. Should I require medical attention and/or hospitalization during said tour to Poland, Jewish Legacy Tours are released from any and all liability of claims relating to medical treatments administered to me and any and all insurance claims relating to medical treatments administered to me.
3. I understand that the medical/travel insurance policy for the above term, whether or not purchased through Jewish Legacy Tours, is an agreement made exclusively between myself and the Medical/Travel insurance company provider for said tour and does not impose any responsibilities, claims, or liabilities on Jewish Legacy Tours.
4. It is understood that should I, the tour participant and/or legal guardian on my behalf submit a claim to the Medical/travel insurance company provider for said tour, I will take full responsibility to handle all arrangements regarding the claim and will not impose any responsibilities on Jewish Legacy Tours for any and all claims therein.
5. I understand that any and all claims that I may submit or my legal guardian may submit on my behalf to the insurance company for said tour is an exclusive arrangement made between myself and the Medical/Travel insurance company provider and does not impose any responsibilities, liabilities, and claims therein to Jewish Legacy Tours.

Dated

Signature of participant and/or legal guardian if under 18 years of age

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