



Registration Form

Israel Extreme Adventure Camp 2019

Please return by email info@israel-extreme.com, or
by fax: (USA) 1-206-339-1506/
(Israel) +972-04-688-0800.

Date: _____

Parent Information:

Mother: _____

First Name Last Name Email
Address: _____ City/State/Zip _____

Phone: Mobile: _____ Home: _____ Office: _____

Country: _____

Father: _____

First Name Last Name Email
Address: _____ City/State/Zip _____

Phone: Mobile: _____ Home: _____ Office: _____

Country: _____

Camper:

_____ / ____ / ____ F / M
First Name Last Name Date of Birth

Address: _____ City/State/Zip _____

Phone: Mobile: _____ Home: _____

Passport Number: _____ Country: _____

(Please include photocopy of child's passport with registration form.)

Camper is in general good health with no known physical problems.

Camper's Shirt Size: S M L XL XXL

Terms and conditions for Israel Extreme Adventure Camp (IEAC):

- The \$450 non-refundable deposit is required at the time of registration. Registration to IEAC will not be taken into account until deposit is paid.
- Cancellations before April 1, 2019 will be eligible for a full refund, minus the \$450 non-refundable deposit. Cancellations between April 2 and April 30, 2019 must pay 40% of the camp cost. Cancellations between May 1 and May 31 must pay 70% of the camp cost. Cancellations made from June 1 must pay 100% of camp cost.
- The first half of the payment balance is due by March 1st, 2019 and the second half of the balance is due by May 1st, 2019. Tuition must be paid in full by May 1st, 2019.
- Any late payment after May 1, 2019 will result in a \$75 charge.
- Proof of personal medical insurance must be emailed or faxed to Israel Extreme by June 10th, 2019.

Tuition for IEAC: \$2585.

A \$450 non-refundable deposit is required at registration. Please deduct any discounts (see our Dates and Fees page) and remit \$450 from the camp cost to Israel Extreme. Once we receive your payment, the camper is registered.

Supplementary Health Insurance: All non-resident Israeli campers are required to purchase the supplementary health insurance policy offered through Israel Extreme for the entire camp session at a cost of \$1.95 per day, for a total cost of \$23.40.

Payment Method

Please choose your payment method:

Pay by Bank Transfer:

BANK LEUMI LE ISRAEL B.M.
 Name on Account: Israel Extreme
 Account #: 02170228
 Branch #: 975
 City: Safed

BIC/SWIFT Code: LUMIILITXXX
 Routing #: IL010975
 IBAN #: IL150109750000002170228

Pay by Credit Card:

Total amount to charge:

\$ / € / ₪ _____

Passport #: _____

For Israelis:
I.D. number of card holder

Card Type:

- Visa
- MasterCard

Card Holder Full Name: _____

Credit Card Number: _____

Exp. Date: ____/____ CSV number: _____

Card Holder Phone Number: _____

- I authorize Israel Extreme to charge this credit card for the above amount.

Cardholder's Name: _____ **Date:** _____
(Please print)

Cardholder's Signature: _____

- I have included a photocopy of the camper's passport with their registration (mandatory).