

CROSS ISRAEL HIKE

ONE FAMILY FUND NEGEV-RAMON CRATER HIKE OCTOBER 21-25, 2012

REGISTRATION FORM

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):

Visa Mastercard Amex Cheque (payable to One Family Fund Canada)

____ Please charge my credit card for the full amount of \$1,895 (non-refundable) now.

Credit Card Number: _____ Expiry Date: _____

Name on Card: _____

Signature: _____ Date: _____