

IST 2019 Payment Agreement/Authorization Form

Student First & Last Name: _____

2019 JOYCE ZEFF ISRAEL STUDY TOUR PAYMENT POLICY:

Read carefully, complete, sign and date then return ASAP. Please retain a copy for your records.



This amount does not include any possible airline surcharges or unforeseen increases in vendor costs. participant is responsible for paying his/her own fees for checked luggage, excess, oversized or overweight luggage at the time of check in at each airport as well as any additional unforeseen costs due to airline cancellations or delays. **Each participant is recommended to carry a credit or debit card for these unexpected expenses. Additional fees NOT included in the trip fee:** travel insurance, cell phone rental, spending money for gifts, souvenirs or supplementary food.

PRICING

The cost of IST 2019 is \$8,700 per person, which includes all preparation programs, 4 days in Poland and 30 days in Israel, all travel and program fees, staff, entrance fees, air-conditioned coach transportation, Kosher meals, medical insurance, security, hotel accommodations and gratuities. We want as many teens as possible to join us for IST 2019. We get the best prices and have the most options when everyone registers as early as possible. Please submit Payment Agreement ASAP!

After 3/1/2019, there may be additional charges for increase in flights/non-refundable items

SUBSIDIES

There are two forms of subsidies available in the community to help defray the cost of IST 2019: JEWISHcolorado (formerly Allied Jewish Federation of Colorado) offers a subsidy to all IST participants. In addition, many congregations in Colorado also provide subsidies for their congregants. *Final amount of JEWISHcolorado subsidy will be determined in January 2019 (subsidy in 2018 was \$1,000/participant)*

JEWISHcolorado Subsidy (please check one box)

ALL participants are eligible for this subsidy. You must choose ONE of the options below.

- I/We intend to **accept** the JEWISHcolorado subsidy
- I/We intend to **waive** the JEWISHcolorado subsidy

Synagogue Subsidy (please check ONE box)

Please speak directly with your synagogue to see if you are eligible for a subsidy from them.

- I/We DO expect to receive a subsidy from our synagogue. We are members at: _____
- I/We DO NOT expect to receive a subsidy from a synagogue

FINANCIAL AID

To apply for financial aid visit: <https://online.factsmgt.com/signin/4J7ZM> and complete the online application.

All financial aid applications are due by December 21, 2018.

- I/We **WILL APPLY** for financial aid by the deadline
- We do **NOT** intend to apply for Financial Aid

TRAVEL INSURANCE

Travel insurance is HIGHLY recommended, but not required. If you would like to use the organization that we work with, JEWISHcolorado uses Global Travel Insurance and this year the group policy for Travel Insurance is **\$388.50/person**

- I authorize JEWISHcolorado to charge the **\$388.50** for Travel Insurance on my credit card provided
- I intend to purchase Travel Insurance through JEWISHcolorado, but will mail in a check
- I intend to purchase Travel Insurance through another company
- I do NOT intend to purchase Travel Insurance

PAYMENT PLAN

Please select ONE payment plan below that best suits your family. **We will process your payment around the 15th of each month.** Your payments will reflect your responses to the subsidy questions and financial aid questions.

- Pay All at Once:** Payment due no later than **Monday April 1, 2019**
- SIX Payment Plan:** Payments due in December, January, February, March, April & May
- FIVE Payment Plan:** Payments due in January, February, March, April & May
- FOUR Payment Plan:** Payments due in February, March, April & May
- THREE Payment Plan:** Payments due in March, April & May

****For those that are applying for Financial Aid, you must choose either the Four, Five or All-at-Once Payment Plan****

All participants must be 100% paid by Wednesday May 15, 2019

Method of Payment:

- I intend to pay by check
- I intend to pay by credit card

DEBIT/CHARGE CARD AUTHORIZATION (for those that are paying by credit card)

****It is your responsibility to contact us directly for any lost/stolen cards or if your card expires.**

- I/we authorize JEWISHcolorado to initiate entries to charge my credit card as described above. I will notify the office if my account changes or expires.

Visa MasterCard AMEX Discover

Account # _____ Exp. ____/____ Sec. Code # _____

Full Name on card: _____

WITHDRAWAL REFUND POLICY:

- All payments made prior to February 1, 2019 are eligible for 100% refund.
- The initial deposit of \$500 is non-refundable after February 1, 2019
- Withdrawal after March 1, 2019, the family will be responsible for the cost of the plane ticket as well as any other costs that are non-refundable
- *For those that purchase the group Travel Insurance that we offer, you can withdraw up to 48 hours before the departure of the trip and will receive 75% back.*

Parent Printed Name _____ Date _____

Parent Signature _____

