

LEGACY 2009

WHY? Our History?

What? *Do you know about the past?*

Where? Are you going from here?

Dear Students,

Discover it

We invite you to join **LEGACY 2009 Tour to Poland**, designed for young women who are learning in Israel and abroad. This year's tour is scheduled for the beginning of Pesach break – **March 25- April 1, 2009**. This powerful and inspiring educational tour takes you on a weeklong journey through a world that once was. Discover over 500 years of rich Jewish history. Appreciate the spiritual heights of pre-war Europe, and enjoy a taste of old *shtetl* life. Take a closer look at the life and world of the Chassidik masters and their courts. Experience a Shabbat that you will never forget. Glimpse into the unforgettable and unspeakable remnants of the Holocaust. These experiences and many more are all part of **LEGACY 2009**.

Explore it

LEGACY 2009 is privileged to have this year's program led by a dynamic staff of educators: **Rabbi Avraham Brussel**, **Rabbi Moshe Rosenstein**, and **Mrs. Chana Silver**. **Rabbi Brussel** is an experienced Eastern European tour leader. He is the Academic Dean of Midreshet Tehillah Seminary located on the Neve Yeurshalayim campus in Jerusalem, and is a popular lecturer and teacher who has years of experience teaching in yeshivas and seminaries. **Rabbi Rosenstein** is the Dean of the new Tomer Devorah Seminary in Jerusalem, is a national lecturer in schools and shuls, and is a former national president of NCSY. **Mrs. Silver**, our senior Eastern European program director teaches at Sharman's, Afikei Torah seminaries, and Aish HaTorah's Discovery Programs. She is a popular lecturer, experienced counselor, and columnist of "Dear Chana" on the www.jemsem.org. Legacy's dynamic and warm staff offer an amazing tour program which includes stimulating shiurim, presentations, and discussions which encourage questioning and soul searching – all of which are essential to the LEGACY experience.

Belong to it

LEGACY is part of a well-established educational tour organization which has brought hundreds of yeshiva and seminary students to Eastern Europe. **LEGACY** excels in offering the most comfortable touring experience including quality hotels, deluxe coaches, all daily Glatt kosher catered meals, security, and educational programming and materials.

Registration/Deposit Deadline: DEC. 15, 2008

The Tour: 8 days, 7 nights touring

Tour price: *\$ 1,925.00

* Please look at the price disclaimer on the information sheet

We look forward to your participation on this year's tour. To register, please fill out the attached application form, medical/travel insurance form, and include your \$300.00 deposit.

Thank you.
Rabbi Yehuda Fried
Director, Legacy

Legacy Tours
POB # 34360, Jerusalem, Israel, 91343
Tel # 972-54 528-1991 / Fax# 972-2-652-6646
email: info@legacytours.org / www.legacytours.org

L E G A C Y 2009

Legacy Tour to Poland Tour date: March 25 -April 1, 2009 *Itinerary

Wednesday, March 25

Arrive in Katowice. Travel to Crakow. Visit and hear a *shiur* at the Remah Shul. See the *kevarim* of the Remah, Bach, Tosefos Yom Tov. Visit the magnificent Alte Shul and museum. Go to Plaszow camp and see the *masevah* of Sarah Shenierer and the original Beis Yaakov building ..

- **Stay over in Crakow**

Thursday, March 26

Go to Auschwitz-Birkenau

- **Stay over in Warsaw**

Friday, March 27

Go to the Warsaw Cemetery and daven at the kevarim of Rav Chaim Brisker, the Netziv, Chemdas Shlomo. End the day with a tour of the Warsaw Ghetto area, Prepare for Shabbos

- **Shabbos in Warsaw**

Shabbos, March 28

Shacharit: Davening in Notsk Shul - the last remaining shul in Warsaw. Meet members of the Jewish community. Shabbos afternoon: Walking tour.

Motzei Shabbos - Special Melava Malka program

- **Stayover: Warsaw**

Sunday, March 29

Travel on to Ger and see the beis midrash of the Gerrer Rebbes. Daven at the kevarim of the Chiddushei HaRim and the Sefas Emeş. Travel to Treblinka. Continue on to Tikocyn. See the beautiful *shul* in Tikocyn. Go to the Forest with the Kivrei Achim.

- **Stay over near Lublin**

Monday, March 30

Travel to Kotzk and see the Kotzker Rebbe's house and *kever*. Continue to Lublin and Go to the Madjanek Camp. Tour of the Yeshiva Chochmei Lublin and listen to a *shiur* in the beis midrash.

- **Stay over in Lublin**

Tuesday, March 31

Visit the kevarim of the Maharshal, the Chozeh of Lublin..Travel on Lansut and visit the magnificent Schul. See the Potosky's palace and daven by the kever of R. Naftali Ropshitz. Continue to Lizensk and *daven* at the *kever* of the Noam Elimelech. End the day with a special kumsitz

- **Stay over near Katowice**

Wednesday, April 1st

Return to Israel

*Itinerary subject to change

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L E G A C Y 2009

Legacy Tour to Poland- March 25 -April 1, 2009
General Information Sheet

The total cost of the Legacy Tour 2009: *\$ 1925.00

Legacy Tour program ncludes roundtrip airfare*ISRAEL-POLAND, all land travel in Poland, high quality hotels, deluxe motor coaches, all daily Kosher L'Mehadrin meals, security, professional tour guides, educational programs and materials, and mandatory medical insurance. **Tour costs do not include:** 1) Mandatory Visas (see below), 2) Tips, 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.

Traveling from outside Israel: For participants traveling from outside of Israel, the Legacy program **DOES NOT** include airfare and mandatory medical insurance. All airline costs and arrangements from outside of Israel are the sole responsibility of the participant and must be coordinated with the Legacy office prior to purchasing tickets/flight departure. Please be in contact with Legacy for further information.

- **This price is based on the exchange rate of the Euro and Polish Zloty to the dollar as of Oct. 2008. Please note due to the international currency fluctuations in relation to the U.S dollar over the recent past and the fact that the majority of all expenses are incurred in Europe this price may not be fixed. If there is a major change in exchange rates the price will have to be adjusted accordingly. You will be notified if the prices change. We thank you for your understanding.**

**Tour cost is also based on Airline prices quoted as of October 1, 2008 and subject to change upon final publication of airline rates.

PAYMENT INSTRUCTIONS

IMPORTANT!!! BECAUSE OF MAIL THEFT, PLEASE SEND ALL CHECK PAYMENTS BY REGISTERED OR EXPRESS MAIL!

PAYMENTS:

- **DEPOSIT of \$300.00 U.S. DOLLARS** and APPLICATION deadline: **DECEMBER 15, 2008.**
- Deposit of **\$300.00 U.S. DOLLARS** is **NON-REFUNDABLE.**
- **BALANCE OF PAYMENTS** deadline: **FEBRUARY 1, 2009**

HOW & WHERE TO SEND PAYMENTS:

- **DEPOSIT & BALANCE checks:** BOTH the **DEPOSIT check** & the **BALANCE check** must be sent together in same envelope.

NOTE: Deposit check must be dated **DECEMBER 15, 2008.** Balance check can be post dated for **February 1, 2009.**

- **DEPOSITS & BALANCES:** Make checks payable to: **LEGACY TOURS - POB # 34360, Jerusalem, Israel, 91343**
- **PAYMENTS WILL ONLY BE ACCEPTED IN:** Cash USD, Shekel equivalent, USD Check or Money Orders.
- **NON-U.S. CHECKS:** A service charge will be added for payments made with checks from non-U.S. banks.
- **NO CREDIT CARDS ACCEPTED.**
- **REFUNDS/CANCELLATIONS:** **\$300.00 U.S. Dollar Deposit s NON-REFUNDABLE.** **REFUNDS** of Balance of **PAYMENTS** (not including non-refundable \$300 deposit) will only be refunded if Nesivos receives notification of cancellation on or before: **FEBRUARY 10, 2009.**

Legacy Tours of Eastern Europe

POB # 34360, Jerusalem, Israel, 91343 / Tel in Israel: 972-54-446-1991 / Fax# in Israel: 972-2-652-6646
Email: info@legacytours.org / www.legacytours.org

Shmuel Weinstein Insurance Agents
Nof Bituchim
Hakablan #25
Jerusalem, Israel

MANDATORY FORM FOR LEGACY TOUR PARTICIPANTS
PLEASE READ & SIGN

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

PLEASE PRINT CLEARLY!

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

Last Name

First Name

My birthday is: ____/____/____
(day) (mo) (year)

My valid _____ passport # is: _____ valid until: _____
(U.S., Israeli, etc.)

To Shmuel Weinstein - insurance agent on behalf of the Medical/Travel Insurance Company for said Legacy Tour:
Please issue me a medical and travel insurance policy from ____/____/____, to ____/____/____
(travel days inclusive), for my trip to Poland.

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 Shmuel Weinstein 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 for any pre-existing medical conditions for which I was 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 illness, prior to departure date, reimbursements, if any of payments made to Legacy Tours will be at the sole discretion of the insurance company.

Authorization and Release of Liability

1. Legacy Tours (Yehuda Fried and Fried Shivuk) are not responsible for lost, stolen, or damaged personal property, at anytime during the course of the tour. In the event that any of the personal articles that I will be bringing on said tour to Poland should get stolen, lost or damaged, including and not limited to currency, clothing, photography equipment, etc., I release Legacy Tours (Yehuda Fried and Fried Shivuk) from any and all responsibilities, liabilities, and claims therein.
2. Legacy Tours (Yehuda Fried and Fried Shivuk) 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.
3. Should I require medical attention and/or hospitalization during said tour to Poland, Legacy Tours (Yehuda Fried and Fried Shivuk) 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.
4. I understand that the medical/travel insurance policy for the above term, whether or not purchased through Legacy Tours (Yehuda Fried and Fried Shivuk), is an agreement made exclusively between myself and the insurance company for said tour and does not impose any responsibilities, claims, or liabilities on Legacy Tours (Yehuda Fried and Fried Shivuk).
5. It is understood that should I, the tour participant and/or legal guardian on my behalf submit a claim to the 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 Legacy Tours for any and all claims therein.
6. 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 insurance company and does not impose any responsibilities, liabilities, and claims therein to Legacy Tours (Yehuda Fried and Fried Shivuk).

_____ Dated _____

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

FILL OUT, SIGN & RETURN FORM TO:
Legacy Tours POB. # 34360, Jerusalem, Israel, 91343, Tel: 972-54 528-1991 / Fax: 972-2-652-6646
Email: info@legacytours.org / www.legacytours.org

OFFICE USE ONLY

Payment#1 _____

Date Rec'd _____

Receipt# _____

Payment#2 _____

Date Rec'd _____

Receipt# _____

Legacy Tour to Poland
Tour Date: March 25 -April 1, 2009

APPLICATION FORM

PLEASE PRINT CLEARLY & SIGN

Last Name _____ First Name _____

Name as it appears on Passport: VERY IMPORTANT

Place of Birth _____ Date of Birth _____ Under 18? _____

Passport Number _____ PP Exp. Date _____ Citizenship on passport _____

Seminary that you attend _____

Your email in Seminary _____ Your personal cell # in Israel _____

(In case we cannot reach you) Friend/family in Israel contact name/cell# _____

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

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

Home Address _____ Zip _____

Home Telephone _____ fax# _____ home email: _____

Father's work # _____ fax# _____ email: _____

Mother's work# _____ fax# _____ email: _____

IMPORTANT: Which fax# or email should we send your parents info?

Roomate preference -1 _____ 2 _____

IMPORTANT! Please fill out the following Medical Information:

Are you taking any medications? Yes _____ No _____ If yes, please specify medications and dosage _____

Please indicate any current medical conditions or allergies _____

PLEASE READ THE FOLLOWING CONDITIONS CAREFULLY AND SIGN AT THE BOTTOM:

Authorization and Release of Liability

- 1. Legacy Tours (Yehuda Fried and Fried Shivuk) are not responsible for lost, stolen, or damaged personal property...
2. Should Legacy Tours (Yehuda Fried and Fried Shivuk) need to administer and/or seek medical attention on my behalf...
3. Legacy Tours reserves the right to cancel participation of any participant for reasons of disciplinary action, security needs, or medically related problems.

General Disclaimer

- 1. MEDICAL/TRAVEL INSURANCE: Legacy Tours requires that every tour participant must carry Medical/Travel Insurance. The mandatory Medical/Travel insurance which covers the participant during the entire tour in Poland is included in the costs for those participants whose point of departure is Israel.
2. 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.
3. CHANGES IN SCHEDULES/FEES: 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 if the air and/or land fees change.
4. DEPOSITS: The mandatory \$300.00 deposit is due no later than December 15, 2008 and is non-refundable.
5. CANCELLATIONS/REFUNDS: To cancel reservations on the tour and receive a refund (not including \$300.00 non-refundable deposit) all participants must contact Legacy Tours directly before or no later than February 20, 2009.
6. Final Tour Costs Due to the international currency fluctuations in relation to the U.S dollar over the recent past and the fact that the majority of all expenses are incurred in Europe the quoted price may not be fixed. If there is a major change in exchange rates the price will have to be adjusted accordingly

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 Legacy.

Signature of participant and/or legal guardian _____ Dated _____