

L E G A C Y 2010

Michlalah Legacy Tour to Poland

Tour date: March 16 -23, 2010

***Itinerary**

Tuesday, March 16

Depart Israel for Poland, travel to Crakow. Visit and hear a shiur at the Remah Shul. Daven at the the kevarim of the Remah, Bach, Magalei Amukos, Tosefos Yom Tov. Visit the magnificent Alte Shul and museum. Go to Plaszow camp and daven at the masevah of Sarah Schenirer, following a visit to the original Beis Yaakov building .

- ***Stay over in Crakow***

Wednesday, March 17

Go to Auschwitz-Birkenau. Travel to Lancut to see the magnificent beautiful shul, take a walking tour at the famous Potosky's Palace. Davening at the kever of R' Naftali Ropshitz

- ***Stayover in Rzeszow***

Thursday, March 18

Travel to Lizensk and daven at the kever of the Noam Elimelech. Go to the Madjanek Camp. Continue to Lublin and a tour of the Yeshiva Chochmei Lublin and listen to a shiur in the beis midrash.

- ***Stayover in Lublin***

Friday, March 19

Visit the kevarim of the Maharshal, the Chozeh of Lublin. Travel to Kotzk and see the Kotzker Rebbe's house and kever. Continue to Warsaw. Prepare for Shabbos

- ***Shabbos in Warsaw***

Shabbos, March 20

Shacharis: Davening in Notysk 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 21

Travel to Treblinka. Continue on to Tikocyn. See the beautiful shul in Tikocyn. Go to the forest and daven at the Kivrei Achim.

- ***Stayover in Warsaw***

Monday, March 22

Visit the Lauder Foundation day school. Continue to the Jewish Historical Institute. Go to the Warsaw Cemetery and daven at the kevarim of Rav Chaim Brisker, the Netziv, Chemdas Shlomo. Tour the Warsaw Ghetto area. End the day in Ger and see the beis midrash of the Gerrer Rebbes. Daven at the kevarim of the Chiddushei HaRim and the Sefas Emes

- ***Stayover in Warsaw***

Tuesday, March 23

- ***Return to Israel***

**Itinerary subject to change*

Legacy Tours

POB. # 34360, Jerusalem, Israel, 91343

Tel # 972-54 528-1991 / Fax# 972-2-652-6646

email: info@legacytours.org / www.legacytours.org

LEGACY 2010

Michlalah - Legacy Tour to Poland

Tour Date: March 16-23, 2010

General Information Sheet

Dear Machal Student,

We are again looking forward to working together with Michlalah to create a powerful and dynamic trip to Poland this year. Below are important details about registration, please read carefully. Thank you for joining us on this year's tour. We hope that this year's tour will B"H be one of the most meaningful experiences you will have during your year in Israel.

B'Hazlacha,

Rabbi Yehuda Fried, Director of Legacy Tours

Tour Costs for Michlalah/Legacy Tour 2010: *\$ 1925.00

Legacy Tour program includes: roundtrip airfare **ISRAEL-POLAND, transportation to airport in Israel (only from Michlalah), 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 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: 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.

***TOUR COST:** Price is based on the exchange rate of the Euro and Polish Zloty to the dollar as of Oct. 2009. 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, note that 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, 2009 and subject to change upon final publication of airline rates.**

PAYMENT INSTRUCTIONS

IMPORTANT!!! DUE TO MAIL THEFT, PLEASE SEND ALL CHECK PAYMENTS BY REGISTERED OR EXPRESS MAIL!

PAYMENTS:

- **NON-REFUNDABLE DEPOSIT: \$300.00 U.S. DOLLARS** and **APPLICATION** MUST be received by **DECEMBER 15, 2009 DEADLINE.**
- **DEADLINE FOR BALANCE OF PAYMENTS: FEBRUARY 1, 2010**

HOW & WHERE TO SEND PAYMENTS:

- **DEPOSIT & BALANCE** of payments: BOTH the **DEPOSIT check** & the **BALANCE check** must be sent together in same envelope. **DO NOT MAIL CASH**
- **NOTE:** Deposit check must be dated **DECEMBER 15, 2009.** Balance check can be post dated until **February 1, 2010.**
- **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 USD 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 is NON-REFUNDABLE. BALANCE OF TOUR PAYEMENTS/ANY OTHER REFUNDS** will be refunded if Legacy receives notification of cancellation on or before: **FEBRUARY 10, 2010.**

Legacy Tours

POB. # 34360, Jerusalem, Israel, 91343

Tel # 972-54 528-1991 / Fax# 972-2-652-6646

email: info@legacytours.org / www.legacytours.org

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

MANDATORY FORM FOR MICHLALAH TOUR PARTICIPANTS ON LEGACY TOUR
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 provider for said tour.

Authorization and Release of Liability

1. Legacy Tours (Yehuda & Allison 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 & Allison Fried and Fried Shivuk) from any and all responsibilities, liabilities, and claims therein.
2. Legacy Tours (Yehuda & Allison 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 & Allison 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 & Allison Fried and Fried Shivuk), is an agreement made exclusively between myself and the insurance company provider for said tour and does not impose any responsibilities, claims, or liabilities on Legacy Tours (Yehuda & Allison 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 provider 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 & Allison 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# _____

Michlalah / Legacy Tour to Poland
Tour Date: March 16-23, 2010

APPLICATION FORM

PLEASE PRINT CLEARLY & SIGN

PLEASE GIVE 2 ROOMATE CHOICES

1. _____

2. _____

Last Name _____ First Name _____

Name as it appears on Passport: VERY MPORTANT _____

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

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

Your Email in Seminary _____ Your cell# in Seminary _____

(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 _____

*******IMPORTANT: Circle the fax#(s) or email(s) we should send tour info to your parents**

Home Telephone _____ fax# _____ home email: _____

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

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

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 & Allison Fried and Fried Shivuk) are not responsible for lost, stolen, or damaged personal property, anytime during the course of the tour to Poland. 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, etc., Legacy Tours (Yehuda & Allison Fried and Fried Shivuk) are released from any and all responsibilities, liabilities, and claims therein.

2. Should Legacy Tours (Yehuda & Allison Fried and Fried Shivuk) 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 that Legacy Tours (Yehuda & Allison Fried and Fried Shivuk) take no responsibility for any and all the medical treatments administered to me during the course of said tour and Legacy Tours (Yehuda & Allison Fried and Fried Shivuk) 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. **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**. Participants understand that the Medical/Travel insurance that is purchased on their behalf is an exclusive agreement between the "Insurance Company" and the participant, and does not impose any claims or liability on Legacy Tours (Yehuda & Allison Fried and Fried Shivuk) (**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**). For those participants whose point of departure is from outside of Israel, Medical/Travel insurance must be obtained at their own expense and Legacy Tours must be provided with proof of said Medical/Travel Insurance prior to departure of tour.

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**. Other countries not listed here check with Legacy office.

3. Legacy Tours reserves the right to cancel participation of any participant for reasons of disciplinary action, security needs, or medically related problems. The participant will return to his place of origin, at his own expense.

4. **CHANGES IN SCHEDULES/FEEES:** 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.**

5. **DEPOSITS/NON-REFUNDABLE:** The mandatory **\$300.00** deposit is due no later than **December 15, 2009** and is **non-refundable**.

6. **BALANCE OF TOUR COSTS: Deadline to make final payment for gour is February 1, 2010.**

7. **CANCELLATIONS/REFUNDS:** to cancel reservations and receive a refund (not including \$300.00 non-refundable deposit) participants must contact Legacy Tours directly before or no later than **February 20, 2010**. For cancellations **AFTER** the **February 20th deadline: Legacy Tours WILL NOT guarantee any refunds** and will not review and/or handle any refunds prior to **thirty (30) days** after the conclusion of the tour. Refunds, if any, (\$300.00 non-refundable deposit is not refundable under any condition) will be subject to Legacy Tours discretion. **Refunds for Cancellations due to illnesses resulting in hospitalization of the participant prior to the tour:** Legacy does not guarantee any refunds (\$300.00 non-refundable deposit is not refundable under any condition) for cancellations due to illnesses and/or conditions resulting in hospitalization prior to the tour, and refunds, if any, will be at the sole discretion of the insurance company provider for said tour and does not impose any liabilities on Legacy Tours (Yehuda & Allison Fried and Fried Shivuk).

7. **Final Tour Costs: Due to the international currency fluctuations in relation to the U.S dollar over the past years, and with all tour expenses incurred in Europe, the quoted price may change. 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 _____