



# A TOUR TO POLAND Legacy 2011

Legacy Seminary Tours to Eastern Europe

## Michlalah - Legacy Tour to Poland

Tour Date: March 21 - 28, 2012

### 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. We hope that this year's tour will B"H be one of the most meaningful and memorable experiences you will have during your year in Israel.*

*B'Hazlacha,*

*Rabbi Yehuda Fried, Director of Legacy Tours*

**Tour Costs for Michlalah/Legacy Tour 2011: \*\$ 1,875.00**

***\*Special subsidized price for Michlalah only***

**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 if required (see below), 2) Tips, and 3) 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.

**\*TOUR COST:** Price is based on the exchange rate of the Euro and Polish Zloty to the dollar as of Oct. 2011. 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 more than a 7% 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, 2011 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:**

- DEPOSIT of \$300.00 U.S. DOLLARS and APPLICATION deadline: December 15<sup>th</sup>, 2011
- Deposit of \$300.00 U.S. DOLLARS is **NON-REFUNDABLE**
- BALANCE OF PAYMENTS deadline: February 1<sup>st</sup>, 2012

#### **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 Dec 15<sup>th</sup>, 2011. Balance check can be post dated for Feb 1<sup>st</sup>, 2012.

- **DEPOSITS & BALANCES:** Make checks payable to: **Jewish Legacy Tours** - POB #34360, Jerusalem, Israel, 91343
- **PAYMENTS WILL ONLY BE ACCEPTED IN:** Cash USD, Shekel equivalent, USD Check or money transfer (additional service charge).
- **NON-U.S. CHECKS:** A service charge will be added for payments made with dollar checks from Canadian banks that do not have U.S branches.
- **NO CREDIT CARDS ACCEPTED.**
- **REFUNDS/CANCELLATIONS:** **\$300.00 U.S. Dollar** Deposit is NON-REFUNDABLE. REFUNDS of Balance of PAYMENTS (not including non-refundable \$300 deposit) will only be refunded if Legacy receives notification of cancellation on or before: FEB 10<sup>th</sup>, 2012.

*Jewish Legacy Tours*

POB # 34360, Jerusalem, 91343, Israel

In the US: 718-407-4447 · In Israel: 972-54-528-1991 · Fax. in Israel: 972-2-652-6646

Email: [info@legacytours.org](mailto:info@legacytours.org) / [www.legacytours.org](http://www.legacytours.org)



# A TOUR TO POLAND Legacy 2011

Legacy Seminary Tours to Eastern Europe

## Michlalah Legacy

**\*Itinerary** Tour dates: March 21 – 28, 2012

### WHAT'S THE PROGRAM?

JOIN YOUR FRIENDS IN MICHLALAH & EXPERIENCE RIVETING LECTURES, WALKING TOURS, DAVENING AT KIVREI TZADIKIM, DISCOVERING THE WORLD OF THE GEDOLIM, EXPLORING THE PAST, THE HOLOCAUST & THE MOST INSPIRING SHABBOS!

#### DAY 1: Wednesday, March 21

Travel to Ger and see the Beis Midrash and daven at the kevarim of the Sefas Emes and the Chiddushei HaRim. Continue to Yadvavna, the site of a pogrom.

- Stay over in Lomza

#### DAY 2: Thursday, March 22

Travel to Tiktin and see the beautiful Shul. Continue to the forest with the Kivrei Achim. Travel to Treblinka.

- Stay over in Warsaw

#### DAY 3: Friday, March 23

Visit the Warsaw cemetery where the Chemdas Shlomo, R. Chaim Brisker and the Netziv are buried. Tour the Warsaw Ghetto. Visit the Lauder Foundation day school. Prepare for Shabbos, Kabbalas Shabbos in the Warsaw Shul.

- Stay over in Warsaw

#### DAY 4: Shabbos, March 24

Davening in the Shul, Walking tour of old Warsaw. Special Malava Malka program.

- Stay over in Warsaw

#### DAY 5: Sunday, March 25

Travel to Pshiskhe and see the Ohel of R. Simcha Bunim and the Yid Hakodesh. See the remains of the magnificent shul. Continue on to Crakow, see the original Beis Yaakov school and visit the kever of Sarah Schenirer. Walking tour of the Jewish quarter in Crakow. Visit the Remah shul, and daven at the ancient cemetery where the Ramah, Bach, Tosefos Yom Tov are buried.

- Stay over Crakow

#### DAY 6: Monday, March 26,

Travel to Auschwitz- Birkenau, continue on to Lansut and see the beautiful shul and the Potoski Palace, of the famed ger tzedek Avraham ben Avraham. End the day in Lizhensk at the kever of the Noam Elimelech.

- Stay over in Lublin

#### DAY 7: Tuesday, March 27

Go to Madjenek Camp. Visit the Lublin cemetery and see the kevarim of the Chozeh M'Lublin, R. Shachna, and the Marharshal. Visit the Yeshiva Chochmei Lublin. Travel to Kotzk and see the Kotzker Rebbe's house and daven at his Kever.

- Stay over in Warsaw

#### DAY 8: Wednesday, March 28

- Return to Israel

**\*Itinerary subject to change**

OFFICE USE ONLY

Pymtt#1 \_\_\_\_\_

Rec'd \_\_\_\_\_

Pymtt#2 \_\_\_\_\_

Rec'd \_\_\_\_\_

Michlalah Legacy
Legacy Tour to Poland
Tour Date: March 21 - 28, 2012

PLEASE GIVE 2 ROOMATE CHOICES
1. \_\_\_\_\_
2. \_\_\_\_\_

APPLICATION FORM

PLEASE PRINT CLEARLY & SIGN

VERY MPORTANT!!! Name as it appears on Passport: \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Which Seminary do you attend \_\_\_\_\_

Place of Birth \_\_\_\_\_ Date of Birth \_\_\_\_\_ Under 18? \_\_\_\_\_

Passport Number \_\_\_\_\_ PP Exp. Date \_\_\_\_\_ Citizenship on passport \_\_\_\_\_

Your Seminary Email \_\_\_\_\_ 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 email(s) we should send Tour Info Package 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. JEWISH LEGACY TOURS (Nesivos Tours, Legacy Tours, Yehuda & Allison Fried), hereinafter referred to as "JEWISH LEGACY TOURS" is not responsible for lost, stolen, or damaged personal property, anytime during the course of the tour to Poland.

2. Should JEWISH LEGACY TOURS and/or staff members 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 JEWISH LEGACY TOURS take no responsibility for any and all the medical treatments administered to me during the course of said tour and JEWISH LEGACY TOURS 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. MANDATORY MEDICAL/TRAVEL INSURANCE JEWISH LEGACY TOURS requires that every tour participant must carry Medical/Travel Insurance which covers the participant during the entire tour in Poland. This insurance is included in the costs and whose medical conditions comply with the insurance company's guidelines.

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 JEWISH LEGACY TOURS office.

3. JEWISH 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/FEES: JEWISH 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 in the event that air and/or land fees change.

5. DEPOSITS: The mandatory \$300.00 deposit fees are non-refundable.

6. CANCELLATIONS/REFUNDS: To cancel reservations on the tour and receive a refund (fees not including \$300.00 non-refundable deposit) all participants must contact JEWISH LEGACY TOURS directly before or no later than February 10, 2012. For Cancellations AFTER the February 10th deadline: Jewish Legacy Tours does 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, will be subject to Jewish Legacy Tours discretion. Refunds for Cancellations due to illnesses resulting in hospitalization of the participant prior to the tour: JEWISH LEGACY TOURS 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.

7. Final Tour Costs: Due to the international currency fluctuations in relation to the U.S dollar over the last few years and given that the majority of all expenses are incurred in Europe, the quoted price may be subject to change. If there is a major change in exchange rates the price will have to be adjusted accordingly

APPLICATIONS WILL NOT BE ACCEPTED AND PROCESSED WITHOUT SIGNATURE OF PARTICIPANT AND/OR LEGAL GUARDIAN.

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 JEWISH LEGACY TOURS.

Signature of participant and/or legal guardian \_\_\_\_\_ Dated \_\_\_\_\_

Jewish Legacy Tours

POB # 34360, Jerusalem, 91343, Israel

In the US: 718-407-4447 In Israel: 972-54-528-1991 Fax. in Israel: 972-2-652-6646

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

# Michlalah/Legacy 2012 Tour to Poland

## MANDATORY FORM FOR LEGACY TOUR PARTICIPANTS - PLEASE READ & SIGN

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

Applicant Full Legal Name as it appears on YOUR Passport PLEASE PRINT CLEARLY!

----- My birthday is: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Last Name First Name (day) (mo) (year)

My valid \_\_\_\_\_ passport # is: \_\_\_\_\_ valid until: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(U.S., Israeli, etc.) (day) (mo) (year)

To Insurance agent on behalf of Medical/Travel Insurance Company for said Legacy Tour to Poland March 21-28, 2012.  
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 the 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, payments, if any, **will be at the sole discretion of the insurance company.**

### Authorization and Release of Liability

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

----- Dated \_\_\_\_\_  
Signature of participant and/or legal guardian if under 18 years of age

### FILL OUT, SIGN & RETURN FORM TO:

*Jewish Legacy Tours*  
POB # 34360, Jerusalem, 91343, Israel  
In the US: 718-407-4447 · In Israel: 972-54-528-1991 · Fax. in Israel: 972-2-652-6646  
Email: [info@legacytours.org](mailto:info@legacytours.org) / [www.legacytours.org](http://www.legacytours.org)