



# "Southward Bound"

## Zin Desert to Maktesh Ramon

AKIM-Jerusalem's Eighth Annual Trek  
Tuesday-Thursday, March 9-11, 2010

### Registration Form for Families (Parents and Kids)

We hereby apply to take part in AKIM-Jerusalem's Eighth Annual Trek and undertake to abide by the rules and conditions of the event. Our goal is to raise and forward at least \$3,000 (or its equivalent) (total for our whole family) to AKIM-Jerusalem before the day of departure. We understand that the objective of each family is to raise as much sponsorship as possible.

Attached is our NON-REFUNDABLE registration fee of NIS 775 for each family member participating (or equivalent).

#### **Personal Details – [Please Print Clearly]**

<b>Parents*</b>	
First Name:	Family Name:
Address:	City: Zip/postcode:
e-mail address:	Fax:
Tel. home:	Tel. work:
Cell phone:	I.D./passport #:
Date of birth:	Please order vegetarian meals <input type="checkbox"/>
T-shirt Size S M L XL XXL XXXL (Please circle correct size)	<input type="checkbox"/> Short Sleeves <input type="checkbox"/> ¾ Sleeves
First Name:	Family Name:
e-mail address:	Fax:
Tel. home:	Tel. work:
Cell phone:	I.D./passport #:
Date of birth:	Please order vegetarian meal <input type="checkbox"/>
T-shirt Size S M L XL XXL XXXL	<input type="checkbox"/> Short Sleeves <input type="checkbox"/> ¾ Sleeves

Child**	
First Name:	Family Name:
Date of birth:	Cell phone:
T-shirt Size S M L XL XXL XXXL	<input type="checkbox"/> Short Sleeves <input type="checkbox"/> ¾ Sleeves
First Name:	Family Name:
Date of birth:	Cell phone:
T-shirt Size S M L XL XXL XXXL	<input type="checkbox"/> Short Sleeves <input type="checkbox"/> ¾ Sleeves

\* One or both parents may participate

\*\* Children must be over 10 years old

I would like to share a room with my child/children      Yes     No

***In case of emergency please give us details of whom to contact:***

Name:.....

Relationship:.....

Address:.....

Telephone: .....Cell: .....

***Medical History/Fitness confirmation***

Please speak to your family physician to receive his clearance for joining us on the Sponsored Trek.

Please confirm that to the best of your knowledge the general state of health and fitness of your family members participating is good and that you take full responsibility for your family's participation in the Sponsored Trek.

*I do confirm to abide by the terms above and the conditions of entry below.*

Please print full names of parents participating:

.....

.....

Signatures of parents participating: .....

.....

Date:.....

Thank you for completing the registration form. Good luck with your training and finding sponsors!

Please return the above form to Miriam Marcus

By mail: POB 53409  
Jerusalem 91533, Israel

By fax: 972-2-672-8730

By email: [mmarcus@akim-jerusalem.org.il](mailto:mmarcus@akim-jerusalem.org.il)

### **Conditions of Entry**

1. *Disclaimer:* Each participant agrees that AKIM-Jerusalem or their employees or agents will not be held responsible for any accidents, injury, death or loss or damage to personal effects, howsoever arising.
2. *Fundraising:* In order to participate in this event, you must raise the minimum sponsorship *prior* to the date of departure. If, for some reason, you are unable to participate, all the donations received by you will nevertheless be sent to AKIM-Jerusalem as part of the total sponsorship of the event.
3. *Responsibility for minors:* We expect parents or legal guardians to take full responsibility for the welfare of minors.
4. *Shirts:* We will provide T-shirts with our logo. These must be worn on the Sponsored Trek for recognition and security reasons.
5. *Accommodation:* Rooms will be shared wherever possible with someone of your choice - numbers per room will vary subject to location.



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