



# SHOFAR KRAKOW MISSION

REMEMBERING THE PAST,  
CELEBRATING THE FUTURE

AUGUST 31-SEPTEMBER 7, 2015

## MISSION APPLICATION

### PERSONAL AND TRAVEL INFORMATION

Title: ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr. ☐ Rabbi

Name (exactly as it appear on your passport): \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Country \_\_\_\_\_

Cell phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Home phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Work phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Passport number \_\_\_\_\_

Issue date \_\_\_\_ / \_\_\_\_ (MM/YY) Expiration date \_\_\_\_ / \_\_\_\_ (MM/YY) Nationality \_\_\_\_\_

Known Traveler Number / Pass ID (Optional) \_\_\_\_\_

Date of birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (MM/DD/YYYY)

Gender ☐ Female ☐ Male Birthplace \_\_\_\_\_

### MEDICAL AND DIETARY INFORMATION

Do you have any allergies or special medical conditions?

\_\_\_\_\_

Do you have any special dietary restrictions?

\_\_\_\_\_

## EMERGENCY INFORMATION

Emergency Contact Name \_\_\_\_\_

Relationship to You \_\_\_\_\_ Cell Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

## ROOM ARRANGEMENT

Person(s) you will be rooming with \_\_\_\_\_

\_\_\_ I will arrive and/or depart before/after the mission dates. Please arrange hotel reservations as follows:

Room type: \_\_\_ Single with king-size bed \_\_\_ Double with king size bed \_\_\_ Two separate beds

Special request (not guaranteed): \_\_\_ Non-Smoking Room \_\_\_ Adjoining Rooms \_\_\_ Connecting Rooms

## FLIGHT ARRANGEMENTS AND REQUESTS

\_\_\_ I will arrange my own flight. **(A copy of your itinerary is required.)**

Special meal requests: \_\_\_\_\_

Frequent flyer name and number (Lufthansa or United Airlines):

Seat Requests: \_\_\_ Aisle Seat \_\_\_ Window Seat

Airport Transfers:

\_\_\_ Please arrange transfer from the airport to the Sheraton Krakow Hotel or the location of the group.

\_\_\_ Please arrange transfer from hotel to the airport.

Email this completed form to Patti Levy at [PatriciaL@MilwaukeeJewish.org](mailto:PatriciaL@MilwaukeeJewish.org) or send this completed form to:

Patti Levy, Mission Coordinator  
Milwaukee Jewish Federation  
1360 N. Prospect Ave.  
Milwaukee, WI 53202

Questions? Please contact Patti Levy at 414-390-5733 or [PatriciaL@MilwaukeeJewish.org](mailto:PatriciaL@MilwaukeeJewish.org).