



**JCCs of North America**  
מרכזים קהילתיים יהודיים בצפון אמריקה



**DESERT QUEEN ISRAEL 2010**  
**Registration Form**  
**October 26 - November 2, 2010**

Dear Candidate,

This is the first step on your way to participate in Desert Queen Israel 2010.

Please complete the form, including all fields.

A confirmation will be sent to you by e-mail within 4 working days.

Registration forms and payment are required no later than September 15, 2010.

Places are limited.

Last Name: \_\_\_\_\_ First name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

Passport No.: \_\_\_\_\_ Country of Residence: \_\_\_\_\_

Address: \_\_\_\_\_

Street: \_\_\_\_\_ No.: \_\_\_\_\_ City: \_\_\_\_\_ Zip code: \_\_\_\_\_

JCC: \_\_\_\_\_

Age: \_\_\_\_\_ Family Status:  Single  Married  Divorced  Widowed

Number of Children: \_\_\_\_\_

Phone numbers including country & city code:

Home No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Work: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Fax No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Mobile: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Please note: correspondence with the Desert Queen staff will mainly be by e-mail, therefore please write your e-mail address clearly & check your e-mail for updates.

E-mail (1): \_\_\_\_\_ @ \_\_\_\_\_

E-mail (2): \_\_\_\_\_ @ \_\_\_\_\_

Drivers License:  Yes  No - Since: \_\_\_\_\_  Automatic  Stick Shift

Occupation: \_\_\_\_\_

Position: \_\_\_\_\_

Company: \_\_\_\_\_

Mother Tongue: \_\_\_\_\_ Do you speak any other languages?  Yes  No.

If yes, please specify which language(s). \_\_\_\_\_

Will you be interested in a pre Israel trip organized by JCC Association?  Yes  No.

Have you visited Israel in the past?

Yes -Year of Visit: \_\_\_\_\_  Private tour  organized tour.

No Do you have relatives in Israel?  Yes  No

What kind of hobbies & activities do you engage in regularly?

Volunteering: Details \_\_\_\_\_

Sports: Details \_\_\_\_\_

Music: Details \_\_\_\_\_

Arts: Details \_\_\_\_\_

Other: Details \_\_\_\_\_

Do you have any experience in 4X4 off-road driving?  Yes  No

Do you have any criminal record?  Yes  No

If so, please briefly describe the circumstances: \_\_\_\_\_

Do you have any health problems or limitations?  Yes  No

If so, please describe: \_\_\_\_\_

Please briefly describe yourself (things you think we should know about you):

\_\_\_\_\_

In your opinion, what will your unique contribution to the Desert Queen expedition be?

\_\_\_\_\_

Clothing size (to help us fit you with your expedition outfit):

T-Shirt: S M L XL XXL XXXL

Sweatshirt: S M L XL XXL XXXL

Pants: Israel/Europe 36 38 40 42 44 46 48 50 52  
USA 6 8 10 12 14 16 18 20 22

I hereby declare that all the information I have provided is true.

I hereby declare that I am in good health and I am physically able to participate in the expedition.

I agree to receive commercial information concerning the Desert Queen by e-mail.

I confirm that I have read the regulations and accept all the terms & conditions specified herein.

By sending the registration form, I hereby sign and confirm all the details provided herein.

The completed form should be sent by fax No: 972-2-6251265 or by e-mail: [Leah@jcca.org](mailto:Leah@jcca.org)

Date: \_\_\_\_\_ Signature: \_\_\_\_\_