

Commitment of Payment - Shnat Hacshara

Shalom!

We are excited that you have chosen to participate in the Hashomer Hatzair - Shnat Hacshara

1. I, _____, parent/guardian of _____ who is participating in Hashomer Hatzair's Shnat, which begins on _____ and ends on _____ commit to the following payment:

Program cost:

Shnat Tzafon: 13,000 USD (Not including flights nor pocket money)

Shnat Australia: 14,500 USD (Not including flights nor pocket money)

2. The participant _____ has received a total of _____ USD from MASA. I will pay the difference between the scholarship and the total program price.

3. I Hereby undertake to transfer the total sum of _____ (USD). To the Hashomer Hatzair World Movement bank account in Israel, in four equal payments.

Dates of payments are as follows:

Installments

Payments can be made in full or organized into four equal installments, which will be transferred as follows:

- 1) Installment 1 (1 month before the program starts)
- 2) Installment 2 (The day the program starts)
- 3) Installment 3 (1 month after program starts)
- 4) Installment 4 (2 month after program starts)

Payment will be transferred to the following account:

Wire Transfer:

Org. Name/Account Holder: Kidma Anilevich (AR)

Bank: Bank Hapoalim

Address: 3 DANIEL FRISH str.

Branch: 532 – SHAUL HAMELECH

Account No: 246314

Swift: POALILIT

Iban: IL71-0125-3200-0000-0246-314

When sending the transfer please include an order that taxes are not shared, but paid by you ("ours").

A receipt will be sent to you as soon as payment is received.



- A. **By Credit Card** - The program provider may charge my credit card (with an extra charge of 4% on the total amount of the transfer), and/or in the case that a bank transfer is not executed on the payment dates (Section #3).

Credit Card Details

- *Name as it appears on the card*

- *Credit Card Type preferable MasterCard & Visa. Only if there is no other cc AMEX is acceptable. Discover* _____
- *Credit Card Number* _____
- *Expiration Date* _____
- *Three digit code on the back (or four digits on the front for AMEX)* _____
- *ID number* _____
- *Billing Address* _____
- *Street name, number, Apt/Suite* _____
- *City, State, Country* _____
- *Postal/Zip Code* _____

Cancellation and refund policy:

In the case that my son/daughter, decides to withdraw from the program I will pay the following percentage depending how soon the program begins:

- If the participant decides to withdraw from the program two weeks before it begins, I will pay 20% of the program cost.
- If the participant decides to withdraw from the program two month after it begins, I will pay 50% of the program cost.
- If the participant decides to withdraw from the program four months after it begins, I will pay 75% of the program cost.
- If the participant decides to withdraw from the program over four months after it begins, I understand that I will not receive any refund.

*IMPORTANT: Leaving the program early may result in a cut or total cancellation of Masa grants or scholarships and/or other grants or scholarships. It is the responsibility of the participant and their parent(s)/guardian to pay any outstanding amounts to Hashomer Hatzair World Movement.

6. I hereby agree that by signing here, I am stating that I am willing and able to undertake fulfillment of the "Commitment of Payment" including all the stipulations above.



Name	E-mail	Phone number (+ area code)	Date	Please circle your choice below	Signature
				Bank Transfer	Credit Card

For payment questions, please contact

Mr. Eyal Rozen

Phone: 972-3-6956575

Fax: 972-3 6292592

Cell: 972-52-4840628

Mail: eyalrozen@hashomer-hatzair.org

By signing below you are agreeing that you have read and understood this document in full and will abide by all the rules set out above.

Date: _____ Place: _____

Signatures:

Participant: _____

Parent or guardian: _____

