



Visit where WWII and the Solidarity Movements began and walk in the steps of Michael "Mickey" Kor and Leo Kor, brothers and Holocaust Survivors.



GDANSK 2026

June 20 – 28, 2026

Introducing a Powerful New CANDLES Journey for 2026: Tracing the Origins of WWII in Northern Poland

Join us in 2026 for a newly curated and unforgettable CANDLES experience as we travel to northern Poland—home to some of the most significant locations in the early history of World War II. Our journey begins in Gdańsk (formerly Danzig) and the Westerplatte Peninsula, widely recognized as the symbolic starting point of the war.

Highlights of the trip include:

- A guided day trip to the Wolf's Lair, Hitler's heavily fortified command center in the Masurian woods.
- A solemn visit to Stutthof Concentration Camp, where Holocaust survivors Mickey and Leo Kor were imprisoned.
- A tour of the WWII Museum in Gdańsk, one of the most comprehensive war museums in Europe.
- Time at the Solidarity Center and the historic Lenin Shipyard, birthplace of the Solidarity movement that helped topple communism in Eastern Europe.
- A stop at Malbork Castle, a stunning UNESCO World Heritage site and the largest brick castle in Europe.
- And a moment of reflection—perhaps even joy—as we pause to dip our toes into the chilly waters of the Baltic Sea.

This unique CANDLES trip offers a compelling blend of history, reflection, and cultural exploration. Don't miss the opportunity to walk in the footsteps of history and honor those who lived through it.

Complete Trip Package Cost: \$3,900
Land Only Trip Package Cost: \$2,800

Please complete all registration materials and return them to CANDLES with a \$650 nonrefundable deposit to secure your spot. Registration will be open until April 3, 2026, or until capacity is full.



Register now!



CANDLES Holocaust Museum and Education Center
1532 South Third Street
Terre Haute, IN 47802

+1.812.234.7881 | tripcoordinator@candlesholocaustmuseum.org



ABOUT CANDLES AND MICKEY KOR

By providing trip participants with an immersive experience in the historical setting of Stutthof and the city of Gdansk, we hope to foster powerful breakthroughs in awareness of our respective roles in creating a world based on hope, healing, respect, and responsibility. We want to help our trip participants become witnesses to history, so they can make the world a brighter place. We welcome participants from all walks of life to join us on this once-in-a-lifetime trip.

About CANDLES Holocaust Museum and Education Center:

CANDLES is a 501(3)(c) non-profit organization that was founded in 1995 by Holocaust survivor Eva Mozes Kor in honor of her twin sister, Miriam. Our mission is to shine a light on the story of the Holocaust and Eva Kor to illuminate the world with hope, healing, respect, and responsibility.

Founded originally as CANDLES, Inc., an organization dedicated to finding surviving Mengele twins around the world, CANDLES has grown into a world-wide movement dedicated to engaging all people in our mission, fostering conversations about important local and global topics, and preserving survivor testimony for future generations.

You can connect with CANDLES online by visiting www.candlesholocaustmuseum.org or finding us on Facebook and Instagram @candlesmuseum.

Born Rachmiel Kor on October 24, 1925, in Riga, Latvia, Mickey Kor was a loving and devoted husband and father, a meticulous pharmacist, loyal United States Army veteran, an avid supporter of Purdue University basketball and football, and a brave survivor of the Holocaust. Over a torturous period of almost four years, Mickey was used as slave labor in three Nazi concentration camps. Surviving the Riga Ghetto, Kaiserwald, Stutthof, and Buchenwald, he was liberated by the United States Army's 250th Engineer's Combat Battalion in early April 1945 near Magdeburg, Germany, from a death march leaving Buchenwald. He remained with the unit upon his liberation as their "mascot", teaching himself English by reading Stars and Stripes, and acting as the unit's unofficial interpreter. His brother Leo was also on that death march, but did not escape and was liberated later.

In May 1946 with the help of Lt. Col. Andrew Nehf, Mickey immigrated to the United States where he settled in Terre Haute, Indiana. Mickey was granted U.S. Citizenship in 1948, which was something he greatly treasured and considered a precious accomplishment. He finished his high school education at State High School and then attended Indiana Teacher's College before graduating from the Purdue University School of Pharmacy in 1952. Mickey served in the United States Army from Sept. 14, 1952 – Aug. 28, 1954, as a military pharmacist, stationed in Osaka, Japan. He often stated that he was full of pride and gratitude as a former concentration camp prisoner who was "allowed" to serve as a corporal for the same U.S. Army that liberated him. After leaving the Army, he worked for AP&S Pharmacy, Hook's Drugstore, and retired from CVS Pharmacy in 1995. Mickey was a docent and twice weekly lecturer for CANDLES Holocaust Museum and Education Center until 2016, and a 64-year member of Humboldt Masonic Lodge #42 in Terre Haute, Indiana. He was a familiar and beloved face at Purdue home basketball and football games and enjoyed following and discussing politics, writing letters to the editor, watching sports, playing the piano, and singing along with Dean Martin. He is often remembered as the man who whistled while he walked at The Meadows." Mickey passed away peacefully in his sleep in the early morning hours of October 19, 2021.

Leo was born Lieba on September 14, 1914, also in Riga, Latvia. His Holocaust path is almost identical to that of Mickey until the time of their separation in April 1945. After liberation Leo lived in Germany and immigrated to the United States in 1947 where he settled in New Hartford, Connecticut, with his wife Ruth, also a Holocaust survivor.

ABOUT THE TRIP

WHAT'S INCLUDED:

- Economy class flight from Chicago to Gdansk with purchase of the COMPLETE trip package
- Tour bus transportation in Gdansk
- 4-star hotel accommodations
- Daily professional guide services
- 6 breakfasts, 2 lunches, 3 evening meals
- One day of touring Stuthoff, including fees, professional guides, headsets
- Trip t-shirt
- Gdansk city tour with headsets
- Historical book about WWII or a Holocaust related topic TBD
- Tips on included services
- Malbork Castle tour
- WWII Museum admission
- Solidarity Center admission
- Day trip to the Wolf's Lair
- Transportation between Terre Haute, IN to Chicago, IL

PRELIMINARY ITINERARY:

Saturday, June 20, 2026	Depart USA
Sunday, June 21, 2026	Arrive Gdansk
Monday, June 22, 2026	City Tour
Tuesday, June 23, 2026	Stuthoff Tour
Wednesday, June 24, 2026	WWII & Solidarity Museums
Thursday, June 25, 2026	Day Trip – Wolf's Lair
Friday, June 26, 2026	Malbork Castle & 1/2 day free
Saturday, June 27, 2026	Free Day
Sunday, June 28, 2026	Depart Gdansk for USA

REMINDER ABOUT GROUP TRAVEL

This excursion is tailored for GROUP travel and activities. If spending lots of time with a group of people is not your thing, this might not be the right experience for you. Part of the experience of a CANDLES excursion and what we do pride ourselves on is the relationships you build with fellow travelers during the excursion. And, while we cannot force you to participate in all scheduled activities, it is certainly recommended that you do so as much as possible in order to get the most from this experience, thus expanding your universe of obligation. Be willing to become part of something special.

What should I do to become part of this amazing experience?

- Complete pages 9–11 and 13–14 of the registration packet and submit to CANDLES.
- Pages 15–16 only IF Section D of the Medical Form is required.
- Submit the \$650 nonrefundable deposit with your registration. Your registration will not be processed and your spot will not be reserved until your deposit has been received.
- Page 17 only if you intend to use your credit card for deposit and/or payments. **There will be a \$125 discount if you make your payments entirely by cash or check.**
- Submit a copy of your passport to CANDLES by April 3, 2026.
- If you do not have a passport, apply for it immediately. Those applying for a passport on or after January 15, 2026, should expedite your application and shipping in order to receive your documents by April 3, 2026. Regular processing time is 6–10 weeks. Expediting costs considerably more in fees but is available in 2–3 weeks.
- Pay your balance in full by April 3, 2026.
- Get ready for an amazing experience!

GUIDELINES FOR PARTICIPATION

General Guidelines:

- Only one participant per registration form is allowed.
- Each participant will read and submit, either electronically or in writing, an agreement that releases CANDLES Holocaust Museum and Education Center from liability to his/her person and belongings while on the trip.
- All participants under 18 years of age must be accompanied by an adult. Due to the graphic nature of some content on this trip, caution is recommended for participation of children age 14 and under. Travelers under age 10 are not permitted on this trip.
- All participants understand that CANDLES Holocaust Museum and Education Center offers this trip as educational programming and is not a travel agency.

Participants:

- CANDLES Holocaust Museum and Education Center reserves the right to refuse participation in its domestic and international trips to anyone who might present a physical, mental, or emotional threat to other participants/staff.
- All participants may be asked to undergo a limited criminal history background check from their state of residence and Indiana at their own expense.
- Trip participants are not allowed to use their access to other group members as a way to sell or solicit goods, products, or services to or from other group members.
- All participants are asked to complete and submit a confidential medical form (Sections A, B, and C). A physician's release for travel (Section D) may be required depending on the participant's medical conditions. These will be kept confidential and will only be used in the event that emergency medical care is needed.

Registration:

- To confirm your registration and secure your spot on this trip, a non-refundable deposit of \$650 per person is required with your registration. Your spot will not be guaranteed until your deposit AND registration materials have been received by CANDLES.

Payment options:

1. By mail to CANDLES Holocaust Museum and Education Center, Attn: Auschwitz Trip, 1532 South Third St, Terre Haute, IN 47802
 2. Call CANDLES at 812.234.7881 and pay by credit card over the phone.
 3. Complete the Credit Card Authorization Form (see page 15 of the registration packet) and mail to CANDLES
- CANDLES does not accept checks drawn on foreign banks. For those living outside the U.S., it is necessary to pay via credit card or wire transfer. If paying by wire transfer, there will be a \$20 acceptance fee in addition to any fees charged by the bank initiating the transfer.
 - **If you make your payments entirely by check or cash, you will receive a \$125 discount.**
 - If you are paying by credit card, the CANDLES office WILL send you invoices for convenient monthly payments.
 - Your full trip balance is to be paid in full by April 3, 2026. Any balance not paid in full by end of business on April 3, 2026 will incur a late fee of \$20.00 each month or part thereof until balance is paid in full.
 - Starting April 4, 2026, until trip departure, any change from the "complete" trip package to the "land" trip package will result in a \$200 fee, and your flight reservation will be forfeited.
 - If you are registering online but mailing payment, payment should reach CANDLES within 10 days of registration.

Cancellation Policy:

- Trip deposit of \$650 is completely nonrefundable after 48 hours of receipt.
- Cancellations received prior to close of business on April 3, 2026, will result in a cancellation fee of 50% of monies paid (not including the nonrefundable \$650 deposit).
- For cancellations received between April 4, 2026 and close of business on May 1, 2026: the "land" trip package is nonrefundable and nontransferable; for those booking the "complete" trip package, the economy class airfare cost (\$1000) less a \$200 airline fee can be refunded.
- All monies paid are nonrefundable and nontransferable beginning May 2, 2026.
- CANDLES **strongly recommends that you purchase trip insurance** to protect your trip payments. Trip insurance is NOT included as part of your trip package.

GUIDELINES FOR PARTICIPATION (cont.)

Student Participants:

- Those 18 and under who are traveling with school groups are required to sign and return the Student Travel Expectations.

Drug Policy:

- The use of illegal drugs is strictly prohibited at any time. International laws and penalties with regard to the possession and use of narcotics are more severe than in the United States. Whether a juvenile or adult, you are subject to Polish law and policies while in the country.

Passports:

- A passport valid through December 28, 2026, is required for international travel.
- Those booking the “complete” travel package are required to provide CANDLES with a copy of the passport you are traveling with no later than April 3, 2026. If the airline requires a different date, you will be advised of that date.
- Complete travelers who do not submit a passport copy by this date will be charged a fee of \$200, moved from the “complete” trip package to the “land” trip package, and will be responsible for booking his/her own international flights.

Trip Services:

- For updates to the itinerary or requests for information, CANDLES staff will use the contact information you provide. Registrants are asked to respond in a timely manner to all communications from CANDLES staff.
- Flight and hotel rewards for participants booking the “complete” trip package are not guaranteed.
- Trip packages are purchased as offered.
- Because hired services for the trip are contracted based on the number of total participants, registrants will not be permitted to switch from one trip to another in the event that a second trip becomes available.

Accommodations:

- A single/private room is available on a limited basis at an additional cost of \$600.
- All rooms can accommodate a maximum of two (2) people.

Travel Arrangements:

- There will be transportation from Terre Haute, IN to O'Hare International Airport in Chicago, IL. It will be arranged and available to trip participants at no additional cost.
- Participants flying with CANDLES from O'Hare will meet at the airline check-in counter.
- Participants not flying with CANDLES will submit their travel arrangements in advance for organizational purposes.
- Participants not arriving and/or departing Gdansk with CANDLES are responsible for their own transportation between the airport/train station and hotel unless they are arriving at a similar time as the group flight.
- One checked bag and one carry-on will be included with the economy class group airfare.

Media and Photos:

- By registering, participants agree to the use of their image and likeness in trip promotions during and after the trip.
- Any use of participant images/likeness by third party individuals/organizations that are not affiliated with or approved by CANDLES will require additional permissions from the trip participants.

Trip Insurance:

- Trip insurance is at the expense of the traveler and is not offered by CANDLES.
- Trip insurance is highly recommended. If interested in assistance with purchasing travel insurance, you may contact CANDLES travel agent, Susan Burke, at susanburke@sbcglobal.net or 773.619.2555.

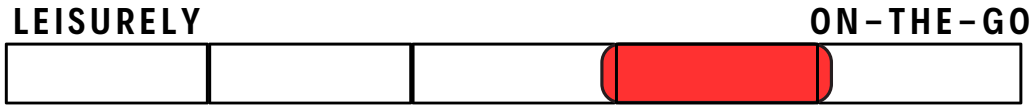
Law Enforcement While Abroad:

- CANDLES trip participants arrested by foreign authorities, juvenile or adult, are not the responsibility of CANDLES. If arrested, the participant may be subjected to prosecution by local law enforcement authorities and must understand that CANDLES has no obligation to defend him/her in such proceedings. Parent/guardian and chaperone will be given the phone number and address of the appropriate law enforcement agency to contact.

TOUR PACING GUIDE

Please read carefully before registering for the CANDLES Auschwitz trip.

The CANDLES staff welcomes people of all abilities and will do everything within our power to accommodate any need. However, due to differences in accessibility and standards outside of the United States, there are limitations as to what we are able to provide and accommodate. We are happy to provide more detail to help you determine your ability to participate in each part of the trip.



Please read the following carefully so you are fully informed about the physical expectations of this trip:

Walking/Terrain:

- This tour is considered a “on-the-go” pace, which means there will be a **considerable** amount of walking every day of the trip. You could easily exceed 15,000 steps per day. Please be realistic and consider your personal limitations.
- The city walking terrain consists of cobblestones/stone surfaces that can be uneven at times and slippery when wet.
- The Malbork Castle tour does include climbing and descending stairs during the touring route. These are unavoidable with no accessible options.

Whole-Day Touring:

- A typical day begins with a 6:30am wake up call and an evening return time of 6:00/6:30pm.
- The schedule for the entire trip is slightly rigorous, but there is rest/recovery time each evening if you choose. Please consider this when registering for the trip.

Accessibility:

- Our Gdansk partners do provide accessibility in many situations. However, you should understand that it does not mean that their public locations or historical sites are ADA compliant. It is possible that there are areas with restricted or no automobile access, necessary walkways and paths that are not paved, and stairs as the only access to upper-floor locations or lower floor/basement bathrooms due to the age of the buildings. Some parts of the tour in Malbork might be completely unaccessible without stairs. There is an elevator in the hotel.
- Participants must be able to board and exit the tour bus independently.

Tours:

- The city tour is a two to three hour walking tour – partially on uneven cobblestone streets.
- The walking tour of Stutthof is a combination of inside/outside and is a full day tour. Walking paths are not always paved and surfaces are can be uneven.
- The tour of Malbork Castle is longer, and does include many flights of stairs, some of them steep or circular. It is the **LARGEST** castle by land area in Europe. As a comparison, it is twice the size of Buckingham Palace. The tour is a little over 2 hours in length. There is no alternative to the stairs on the tour route.
- The tour of the Wolf’s Liar is a walking tour of approximately 2 hours on paths that are paved.
- Be prepared to walk in full sun, wind, and rain. We have experienced storms, steady rain, snow, ice, freezing fog, bitter cold, and oppressive heat on past trips. Be prepared for anything.
- Carry a bottle of water with you throughout the day.

While we **do not** wish to discourage participation in any way, we want you to have a realistic expectation of the physical demands of this trip. Please feel free to contact us with questions you may have about tour pace, accessibility, or accommodations. These physical demands are why a release form (Section D of the Medical Form) from your doctor **might** be necessary if you have recently experienced a major medical issue.

ADA ACCOMMODATIONS for TRIP



Transportation:

For guests traveling with us who are in need of ADA accommodations and are unable to independently board a motor coach due to a dependency on a wheelchair or walker, transportation with the group, via motor coach, is not guaranteed. In a situation where the group motor coach is not accessible due to participant's dependability on a wheelchair/walker for mobility, alternative transportation options can be discussed with CANDLES staff.

Hotels:

European hotel accommodations which are ADA compliant are limited and are not guaranteed. We will make every possible effort to make reservations at properties that are ADA compliant, but our doing so is entirely dependent on hotel availability.

The bathtub/shower combination in European bathrooms is very tall, and in most cases, there are not "grab bars" for stability when entering/exiting. *There are a very limited number of handicapped rooms or shower-only rooms available, so if you require one of these rooms, please request immediately. Availability is not guaranteed.

Mobility/General Assistance:

While CANDLES staff will certainly help as time and situation allow, registrants who require an enhanced level of assistance with mobility and/or everyday tasks are required to travel with a companion/caregiver. Please note that this companion/caregiver should be able and willing to be part of alternative transportation solutions, such as driving a rented vehicle if boarding/exiting the tour bus independently is a problem. Staff will not be available nor provided for this level of daily assistance.

Locational Accessibility:

Please note that many European sites are not ADA compliant, including many historical buildings and structures which could be on our tours. Cobblestone streets will be present and can be difficult to manage if you are restricted to a wheelchair or walker. Some walking paths at memorials are not paved.

Those who have knee/hip/back issues may benefit from bringing a device to assist with walking and stability.

Flight Arrangements:

We will be flying with SAS through Copenhagen. There is a layover of approximately 3 hours on our way to Gdansk and a layover of approximately 6.5 hours on our way home. While not ideal in terms of the time spend in the airport, it did allow us to secure a reasonably priced flight so that we could continue to keep the complete trip price under \$4000 USD. Note: Although the same as other airlines, their baggage rules are **strictly** enforced – 50 lbs/23 kg for your checked and 17 lbs/8 kg for your carry-on. If your carry-on exceeds size or weight, you will be required to check the carry-on bag at your own expense as an additional piece of checked baggage beyond your allowed one piece.



RESPONSIBILITY STATEMENT

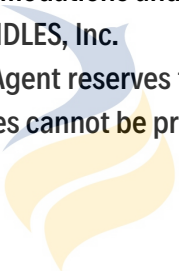


Participant's Responsibility:

- By acknowledging the following, you agree to timely compliance with the payment schedule as outlined in the tour conditions and guidelines set forth.
- You understand that the tour pricing is based on the number of participants stated in the tour conditions, and that the prices may change up or down with decreases or increases in the number of participants.
- Other criteria could impact the tour cost and thus increase or decrease your cost.
- You agree that in the event that the proposed services cannot be provided due to cancellation or unavailability of said services, CANDLES Inc. reserves the right to make substitutions of features of equal value and similar quality, per the Agent Responsibility paragraph below.
- You also agree that you have a read and understand the physical demands and limitations of accessibility and tour pacing as outlined in the registration materials.
- You understand that offered trip insurance is optional, at your own discretion, and that with or without the purchase of this insurance, CANDLES has no responsibility to, nor does it provide, insurance coverage for medical or other reasons.
- You understand that you are required to complete both a registration form and a confidential medical form. CANDLES, Inc.

(Agent) Responsibility:

- All tickets are issued and all other services are offered or provided subject to any and all terms and conditions under which such means of transportation or other services are offered or provided.
- The issuance and acceptance of such services shall be deemed to be consent to the further condition that CANDLES, Inc. shall not be or become liable or responsible in any way in connection with such means of transportation or in connection with other services, or for any loss, injury or damage to or in respect of any person or property howsoever caused or arising.
- Agent reserves the right to alter the itinerary.
- Any extra charges arising from such changes must be met by the Participant.
- Tours and excursions included in the itinerary as part of the "complete" trip package or the "land" trip package are "as is" and may not be substituted with other tours unless deemed necessary for the entire group by Agent.
- By signing this document, Participant agrees to a background check and criminal history check if deemed necessary.
- Agent reserves the right to cancel the tour or to remove any Participant from the tour; its sole liability in such instance being the refund of all monies paid as specified in the trip guidelines.
- By acceptance of trip membership, Participant agrees to the foregoing and also agrees that CANDLES, Inc. maintains no control over the independent suppliers that will be providing accommodations and services as part of the trip.
- Accordingly, the undersigned agrees not to hold CANDLES, Inc. responsible for any loss, damage, injury, or inconvenience which may be caused or contributed to by such suppliers or by any other cause, condition, or event whatsoever beyond the direct control of CANDLES, Inc., nor shall Agent be held liable or responsible for any such occurrence which may take place during Participant's off-itinerary activities.
- The undersigned hereby releases CANDLES, Inc. and its respective officers, directors, employees, volunteers, and agents from any and all liability for claims resulting from any acts or omissions of the independent travel suppliers providing accommodations and services in connection with the trip, or from any other cause, condition, or event beyond the direct control of CANDLES, Inc.
- The Agent reserves the right to make substitutions of features of equal value and similar quality in the event that the proposed services cannot be provided due to cancellation or unavailability of said services.



RESPONSIBILITY STATEMENT (cont.)



Publicity, Media, and Photo Release:

- During the trip, Participants may be photographed or videotaped for promotional, public relations, archival, or advertising use.
- Accordingly, the undersigned hereby authorizes representatives of CANDLES, Inc. and/or other hired and approved trip suppliers to photograph, film, or otherwise record the activities of the undersigned during the trip.
- The undersigned authorizes and consents to the use of any such photographs, films, or recordings for any and all purposes, included but limited to use in publications or presentations during or following the conclusion of the trip.
- The undersigned hereby waives and releases any claims for compensation or liability that the undersigned might otherwise have arising out of or related to such.
- Preceding any use of video, audio, or still recording of CANDLES staff, volunteers, or other trip participants, which is intended for use in for-profit materials or for publicity purposes regarding an individual, program, or product, the undersigned must submit a program/project description and obtain written permission from CANDLES, Inc. and the Participants involved.

Submission, electronic or otherwise, of registration and monetary deposit acknowledges your understanding and agreement with the terms of this statement.

I acknowledge that I have read and understand the above Guidelines for Participation, Tour Pacing Guide, and Responsibility Statement.

Registrant's Signature

Date

Signature of Registrant's Parent/Guardian

Date



GDANSK 2026 REGISTRATION FORM



Each individual should complete and return a signed responsibility statement (page 9), a separate registration form (pages 10–11 and 13–14), a copy of your passport (if you are booking the “complete” trip package), and a nonrefundable \$650 deposit. The full payment balance is due no later than April 3, 2026, for all trip packages. Those booking the “complete” trip package are required to submit a copy of the passport you will be traveling with to CANDLES no later than April 3, 2026.

Registrant's Information:

Please fill out all fields completely.

(Please circle) Mr. Mrs. Ms. Other _____

First Name _____ Last Name _____

DOB (mm/dd/year) _____ Gender _____ *(used only for purposes of pairing roommates)*

Preferred First Name on Badge _____ Shirt Size (Circle ONE): S M L XL XXL XXXL

Registrant's Address and Contact Information:

Name as it appears on your passport _____

Passport Number _____ Passport Expiration Date _____ **(MUST be valid through Dec. 28, 2026)**

Address _____

City _____ State _____ Zip _____ Country _____

Preferred Phone (____) _____ Phone Type: Cell Home Work

Alternate Phone (____) _____ Phone Type: Cell Home Work

Email Address _____

(Please provide the email address that you actively use to communicate. Timely answers are important for efficient and organized planning by CANDLES.)

Payment Options:

- Monthly online invoices will be sent to each participant. You may pay that invoice online with a credit card or you can mail a payment to the museum referencing that invoice number.

Mailing Address and Phone Number: CANDLES Holocaust Museum and Education Center, Attn: Gdansk Trip, 1532 South Third St, Terre Haute, IN 47802 +1.812.234.7881

- Deposit: Complete the Credit Card Authorization Form on page 15 and submit with your registration or mail a check. CANDLES does not accept checks drawn on foreign banks. Those living outside the U.S. are required to pay via credit card or wire transfer. If paying by wire transfer, there will be a \$20 acceptance fee in addition to any fees charged by the bank initiating the transfer.

If you make your trip payments entirely via cash or check, you are entitled to a \$125 credit on your account.

GDANSK 2026 REGISTRATION FORM (cont.)



Personal Considerations:

Food Allergies or Religious Dietary Restrictions _____

Overall Meal Preference:

We make every effort to accommodate our guests by providing included menus that avoid the most common allergies and some basic religious dietary restrictions, but will make special requests (beyond meat or vegetarian options) for actual food allergies.

Overall preference in restaurants and hotel meals (CHOOSE ONE): Meat Vegetarian Pescatarian

Meeting Location :

Departure Meeting Location (CHOOSE ONE): Terre Haute Chicago Copenhagen Gdansk

Communication:

Facebook User (Please circle): Yes No

Hotel Accommodations:

Requested Roommate (optional) _____

All rooms are non-smoking. All hotel accommodations are based on availability.

Type of Accommodation (CHOOSE ONE):

____ Private Single (\$600 extra fee) ____ Twin Beds (with roommate) ____ Queen Bed (One queen bed – couples room)

Referral: Did someone refer you to the Gdansk 2026 educational excursion? If so, who? _____

Independent Travel Arrangements: *If you currently have independent flight plans made, please provide us with that information. If you do not yet have these arrangements made, please provide that information as soon as possible before travel so that we may coordinate with our group ground transportation if possible.*

SAS is a partner of Sky Alliance (Think Delta, and KLM), so if you have a rewards number through them, please provide it here: _____

Do you have a TSA Pre-Check number or Global Entry Number? If so, and you would like to provide it, please enter it here: _____

Summary of Services:

Trip Package (CHOOSE ONE):

____ “Complete” Trip Package (includes economy class airfare – upgrades not allowed on group fare and there are no seat requests honored in advance of the check in desk at the airport) – \$3,900

____ “Land” Trip Package (You are responsible for your own airfare) – \$2,800

Optional Add-On:

____ Single (private) room supplement (pending availability) – \$600

MEDICAL FORM



Confidential Medical Form:

The information you provide to CANDLES Holocaust Museum and Education Center (CANDLES) in this form will be held in the strictest confidence and will be used only to the extent necessary to provide emergency medical care as needed while abroad and/or evaluate fitness for travel. Please note that this may include sharing your data overseas to any country which you may be visiting as required.

Who should complete this form?

All travelers must complete Sections A, B, and C.

ONLY if you indicated that you have a serious pre-existing medical condition, are you also asked to complete Section D. The more information CANDLES has, the more we may be able to provide medical assistance in the event of an emergency.

Please note that CANDLES will assess the information contained in this form and reserves the right to ask for a physician assessment for any passenger. You should always consult with your physician before embarking on any extensive travel in order to ensure that you are medically fit, especially for an emotionally and physically challenging trip, such as this.

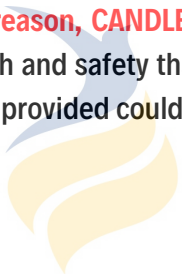
Why do I need to complete this form?

CANDLES asks that you complete this confidential medical report so that all due care may be provided. Travel is intended for persons in reasonably good health and with full mobility. Travelers who are not fit for long trips for any reason, including mobility issues, disability, heart, or other health conditions are advised not to join the tour so as to avoid unreasonable risk to your health. Should any condition become apparent, CANDLES reserves the right to decline, accept, or retain any passenger at any time before or during the trip.

You must provide complete, accurate, and up-to-date information on this form in order to allow CANDLES to safely accommodate you during travel. CANDLES reserves the right to deny anyone who is unable to safely participate in travel. If you do not disclose a condition, infirmity, injury, or ailment herein and are subsequently deemed unfit to travel due in whole or in part to such condition, infirmity, injury, or ailment, CANDLES shall have the right to cancel your travel arrangements with no refund or compensation payable. If there are any changes to your physical/medical condition or otherwise to your responses below after your submission of this form, you must notify CANDLES immediately of the change(s). CANDLES reserves the right to request an up-to-date certification from a licensed physician in the event of such a change. If the information contained in this form is found to be inaccurate as of your date of travel and you have not provided CANDLES with notice of such change(s), your travel may be canceled with no refund or compensation payable. Information provided in this form must be supplied at time of registration.

What happens if I don't complete this form?

In the event you have made a booking with CANDLES and subsequently are unable/refuse to complete this medical form for any reason, CANDLES reserves the right to consider your booking canceled as of that day. It is very important for your own health and safety that you complete all questions fully and truthfully. In the event of a medical emergency, the information you have provided could be crucial.



MEDICAL FORM (cont.)



Section A – General Information (Filled out by every traveler)

First Name: _____ Last Name: _____

Section B – Medical Information

Please indicate if you have/have had any of the following:

- a. Asthma that affects everyday activities
- b. Stroke
- c. Epilepsy
- d. High blood pressure or blood circulation issues
- e. Heart disease or heart attack
- f. Joint replacement(s)
- g. Gout or arthritis
- h. Back, hip, leg, or foot issues that affect everyday activities
- i. Insulin dependent diabetes

Do you take medications or drugs related to a pre-existing medical condition?

If yes, please specify: _____

**If you answered "Yes" to any of the below questions 1–4, please complete Section D of the medical form.
If you answered "No" to all of the below questions, Section D is not required.**

1. During the last year, have you suffered any serious illness, or major surgeries requiring extended hospitalization or are currently under a physician's care because of?

If yes, please indicate reason: _____

2. Do you have any physical limitations, handicaps affecting mobility or daily functioning, or a prosthesis?

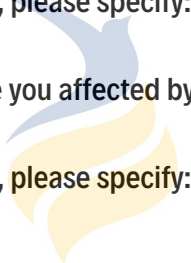
If yes, please specify: _____

3. Do you have difficulty walking/standing or use a device for mobility assistance such as crutches, walker, wheelchair, or other devices?

If yes, please specify: _____

4. Are you affected by any other serious pre-existing medical condition not listed above which might impact travel?

If yes, please specify: _____



MEDICAL FORM (cont.)



Please list any medications you are currently using and any medication allergies.

Current Medications (including inhalers, EpiPens, etc.):

Medication/Name	Dosage/Strength	Frequency	Purpose

(Continue with additional list(s) as necessary)

Medication Allergies: _____

Section C – Background Information

Date of birth: _____ Blood type (or indicate unknown): _____

Emergency Contact:

In case of emergency, please contact (not a guest on this trip):

Name: _____ Relationship: _____

Daytime phone: () _____ Evening phone: () _____

Email address: _____

I attest I am in good general health and capable of performing normal activities on this tour. I further attest that I am capable of caring for myself during travel. I certify that I have not been recently treated for, nor am I aware of, any physical condition or disability that would create a hazard to myself or other members of the trip. I agree that should there be any change to the information I have given herein, or to my physical or medical condition, that I will notify CANDLES and, if requested, provide an up-to-date version of this form. I agree that any failure to provide full, complete medical information to CANDLES may result in cancellation of my booking without further compensation payable to me for any loss.



Participant Signature

Date

Parent/Guardian Signature

Date

MEDICAL FORM – SECTION D

SECTION D – MEDICAL RELEASE FORM (**ONLY NEEDED** if you answered **YES** to questions 1–4 in Section B)

ONLY if you indicated “Yes” to any of questions 1–4 in Section B, then please complete this section. Part 1 is to be completed by yourself, and Part 2 should be given to your licensed physician to complete. At the bottom of the document, both yourself and the physician must sign the completed document and return it to CANDLES.

Please review the trip details, physical demands, and locations for the various parts of the trip and complete the information below.

Part 1 (to be completed by traveler)

Your Legal First and Last Name: _____

Address: _____

Dates of Travel: _____

Please note information provided here may be forwarded to select parties to ensure a safe and enjoyable tour. All information kept by CANDLES will only be shared with those who need to know.

Part 2 (to be completed by a licensed physician)

These trips are intended for travelers in reasonably good health without potential underlying illnesses or chronic conditions that may require medical attention and/or extensive care causing the traveler to be unable to participate in the tour.

Name of Physician: _____

Phone Number: _____

Email Address: _____

Please list any current medical conditions, infirmities, disabilities, or physical limitations of the patient:

If this patient has major surgeries or procedures at any time during the last year, please list and indicate whether recovery is complete or if there could be lingering issues for the named traveler due to this surgery/procedure.:



MEDICAL FORM – SECTION D (cont.)

Patient has provided the following for my review:

CANDLES Tour Pacing Guide

ADA Accommodations for the Trip

Daily Descriptions of Physical Demands

Do you have any concerns that the patient will be able to handle the necessary physical requirements of this trip?

If yes, please explain further.

I have read and am familiar with the trip details, physical demands, and locations for the various parts of the trip. I am also aware that most locations in Europe are not required to be ADA compliant or equipped with elevators, and that stairwells and rough terrain may pose an increased risk to travelers with mobility issues. With this knowledge, I have considered the suitability of this travel, and to the best of my knowledge, I believe this patient to be physically fit to undertake this trip. I further declare the answers provided above to be accurate, complete, and truthful.

Physician signature: _____ Date: _____

Patient signature: _____ Date: _____



GDANSK 2026

PAYMENT AUTHORIZATION and TERMS

Tripcoordinator@candleholocaustmuseum.org

OPTION 1:

_____ I will be paying via credit card and will not be entitled to the cash/check discount of \$125

Guest's Name: _____

Amount to be Charged: \$ _____

CANDLES Holocaust Museum and Education Center

1532 South 3rd Street

Terre Haute, Indiana 47802

+1.812.234.7881

Cardholder Name: _____

Type of Card _____

Card Number _____

Expiration Date _____

Address of Cardholder _____

Security Code on Back of Card _____

Total Amount to be Charged \$ _____

Phone Number _____

Email Address _____

Signature of Cardholder _____

OPTION 2:

_____ I will be making all payments via cash or check and would love a \$125 discount!

Monthly online invoices will be sent to each participant regardless of the payment option you choose. ONLY use the link within the digital system invoice for your payments if using a credit card. You may pay that invoice online with a credit card or if you have chosen the cash/check option, you can mail a payment to the museum referencing the invoice number. For those who indicated a cash/check preference, you will receive a pdf invoice that you can print and enclose with payment if desired.

The amount of each invoice will be determined by dividing the balance owed by the number of months remaining until the final payment is due.

Comments:

