



6634 Valjean Ave. • Van Nuys • CA • 91406 Tel: (818)STAR FLY (782-7359) Fax: (818) 782-5511 www.LASTAR.org

To join us for this fun filled S.T.A.R. event all you have to do is the following:

1. Print out application, fill it in completely and mail it to the S.T.A.R. office with your payment.
2. Print out flyer and keep your copy as a reminder for the event.

S.T.A.R. TEENS PRE-PURIM MASQUERADE PARTY!

SUNDAY NIGHT FEBRUARY 21th, 2010 (MIZVAH & HAVERIM 13-18)

PRICE ONLY: \$15.00

AT THE DOOR: \$20.00

APPLICATIONS MUST BE RECEIVED BY FEB. 5TH, 2010

PLEASE REGISTER TODAY!

As with all S.T.A.R. trips, we will be experiencing Jewish values and ideas that are incorporated into the Event's theme.

Please bring at least \$1 (or more) in order to give Tzedakah for the needy of Israel.

Payment Information

Check enclosed \$ _____

Charge my Visa/MasterCard \$ _____ **NO AMEX OR DISCOVER ACCEPTED**

Card # _____ Expires ____/____

I authorize Sephardic Tradition And Recreation to charge the above credit card held in my name

Signature _____

Student Registration and Medical Release Form

First Name: _____ Last Name: _____ Male Female

Address: _____ City: _____ State: _____ Zip: _____

Home Phone :() _____ E-mail: _____

Parent's cell () _____ Teen's cell () _____ School _____

Synagogue: _____ Mother's Name _____ Father's Name _____

What is the best phone number to call during this event, (if different from above) () _____

Student's Doctor's Name: _____ Doctor's Phone: () _____

In the event I cannot be reached in an emergency, please notify: Name: _____

Relationship: _____ Phone: () _____ Cell Phone: () _____

**The following must be read and signed by a parent or legal guardian for everyone 18 and under:
Consent To Treatment of Minor Pursuant To Family Code Section 6910**

I am the parent or legal guardian of _____, a minor child born on _____, and consent to the child's engaging in all activities as set out herein and to travel by bus. I authorize Sephardic Tradition And Recreation staff to consent, in my absence, to x-ray, examination, anesthetic, medical, dental, surgical, diagnosis and/or treatment and hospital care for my child under the supervision and advice of a physician licensed under the Medical Practice Act and/or a dentist licensed under the Dental Practice Act. This authorization is effective **February 21th, 2010.**

Print Name(s) of Parent(s) Responsible for Child _____