



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. SUMMER CAMP '09, Valley Trails Camp Site, Castaic, CA
August 10th-14th, 2009 (AGES 9-14)

EARLY BIRD PRICE (APPLICATIONS RECEIVED BY July 20th): \$450.00

FULL PRICE (APPLICATIONS RECEIVED AFTER July 20th): \$525.00

(Price includes all activities, transportation, and meals)

DEADLINE to register is Tuesday, August 4th, 2009

PLEASE CHECK THE PACKING LIST ON LINE, (www.lastar.org) OR CALL S.T.A.R. AT (818)782-7359

On S.T.A.R. trips, we experience Jewish values and ideas that are incorporated into the trip's theme.
For safety purposes it is vital that each participant wears their S.T.A.R. T-shirt during the event.

Please give at least \$1 (or more) to your child in order to give Tzedaka on the bus for the needy of Israel.

- Please check one* City Pickup Monday, 7:30 AM Sephardic Temple (10500 Wilshire Blvd.) / Return Friday 4:00 PM
 Valley Pickup Monday, 8:30 AM S.T.A.R. Office (6634 Valjean Ave) / Return Friday 3:00 PM

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 : () _____ Cell Number (Mother/Father) () _____

E-mail: _____ Mother's Name _____ Father's Name _____

Date of Birth: ____/____/____ School _____ Synagogue: _____

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 **August 10-14, 2009.**

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

Signature: _____ Date: ____/____/____