6634 Valjean Ave. • Van Nuys • CA • 91406



Tel: (818) STAR FLY (782-7359) Fax: (818) 782-5511 www.LASTAR.org

S.T.A.R. Community Ranch Day – Lag B'Omer – Sunday, April 28, 2013 Pre-Registration Deadline: April 25, 2013 - \$8.00 per Child - \$10.00 per Adult \$18.00 at the gate (NO EXCEPTIONS) So Please Pre-Register! Price Includes all Rides, Activities & Transportation - (Nominal Charge for BBQ)

S.T.A.R. Community day on a 1600 acre ca Rides, Hay Rides, Per G Please bring \$1 ∠ Please check one □ Cit □ Va	Inday, April 28, join the Greater L.A. Secondary. There will be something title ranch in beautiful Somis, CA. Activiting Zoo, Mini Rodeo, Horseback Riding Sigantic Slide, Rock Climbing Wall, Gan (or more) for each family member to give y Pickup 10:00 AM at Sephardic Temple secondary will be driving up in our own vehicle	for everyone at this may vities include: Many Carng, Marshmallow Roast nes And Much More! ve Tzedaka for the needy (10500 Wilshire Blvd.) (R	gnificent fun-filled rnival Games and , Moon Bounces, y of Israel.
# of Adulta Attanding	Payment Information		@ ¢o oo sos Child
_	@ \$10.00 per Adult # of Child mount of \$ Charge my credi	_	•
	——————————————————————————————————————		
	e Sephardic Tradition And Recreation to charge the		
Signature —		/ Date/	//
	Registration and Medical Re		
Family Name	Mother	Father	
Address	City	State —	Zip
E-Mail	Phone()	Synagogue	
	FIRST NAME	DATE OF BIRTH	GENDER
Child		/ /	$\square_{\mathrm{M}} \square_{\mathrm{F}}$
Child		/ /	$\square_{\mathrm{M}} \ \square_{\mathrm{F}}$
Child		/ /	$\square_{\mathrm{M}} \square_{\mathrm{F}}$
Child		/ /	$\square_{\mathrm{M}} \square_{\mathrm{F}}$
Child		/ /	$\square_{\mathrm{M}} \square_{\mathrm{F}}$
Con I am the parent or legal guardian o out herein and to travel by bus. I a medical, dental, surgical, diagnosis	nust be read and signed by a parent or legal sent To Treatment of Minor Pursuant To F of the above minor child(ren), born on the dates listed uthorize Sephardic Tradition And Recreation staff to and/or treatment and hospital care for my child(rend/or a dentist licensed under the Dental Practice Active Minor Control of the Control of t	d above and consent to them end consent, in my absence, to x-rule under the supervision and adv	ngaging in all activities as set ay, examination, anesthetic, rice of a physician licensed

medical, dental, surgical, diagnosis and/or treatment and nospital car	e for my child (ren) under the supervision and advice of a physician licensed
under the Medical Practice Act and/or a dentist licensed under the D	Pental Practice Act. This authorization is effective April 28, 2013.
Print Name(s) of Parent(s) Responsible for Child(ren)	
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: Nan	ne:
Relationship:Phone: ()	
Signature:	Date: / /