



Sephardic Tradition And Recreation  
"Friendships for a Lifetime"

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.

## STAR KNOTT'S HAUNT

**OCTOBER 26<sup>th</sup>, 2013 (AGES 13-18 MIZVAH & HAVERIM)**

**EARLY BIRD PRICE JUST \$60.00 Ends Oct. 16<sup>th</sup>**

**REGULAR PRICE JUST \$65.00 Ends Oct. 23<sup>rd</sup>**

Price includes ADMISSION, transportation, and Food

**So, register today!**

**DEADLINE to register OCTOBER 23<sup>rd</sup>, 2013**

With all S.T.A.R. trips, we will be experiencing Jewish values and ideas that are incorporated in 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 bring at least \$1 (or more) in order to give Tzedaka on the bus for the needy of Israel.

☐ Vally Pickup 8:00 PM.

STAR OFFICE (6634 Valjean Ave. Van Nuys)

Return 3:30 AM.

☐ City Pickup 8:30 PM.

Sephardic Temple (10500 Wilshire Blvd.)

Return 3:00 AM.

### Payment Information

☐ Check enclosed \$ \_\_\_\_\_

**There are NO Returns or Credits**

☐ 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 **Oct. 26<sup>th</sup>-27<sup>th</sup>, 2013.**

**Print Name(s) of Parent(s) Responsible for Child** \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_