



Sephardic Tradition And Recreation
"Friendships for a Lifetime"

6634 Valjean Ave. • Van Nuys • CA • 91406

Tel: (818) 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. SNOW DAY

SUNDAY FEBRUARY 9th 2014 AGES: 7-12 (TIKVAH & AVIV)

Early Bird Price Only \$39.00 (Ends JAN. 29)

Reg. Price \$49.00 Deadline FEB. 5th

(Price includes transportation, activities & food)

ALL APPLICATIONS MUST BE RECEIVED BY FEBRUARY 5th (NO EXCEPTIONS)

Remember to bring warm clothing and a back-pack with a change of clothing.

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

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.

If you have any questions please call Rabbi Menachem Weiss at S.T.A.R. (818) 782-7359.

- ☒ Please check one ☐ City Pickup 9:00 AM - Sephardic Temple (10500 Wilshire Blvd.) Return 7:00 PM
☐ Valley Pickup 10:00 AM S.T.A.R. Office (6634 Valjean Ave) Return 6:30 PM

Payment Information

☐ Check enclosed \$ _____ **NO REFUNDS 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 : () _____ Cell Number: () _____ E-Mail: _____

Date of Birth: ____/____/____ 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 9, 2014.**

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

Signature: _____ Date: ____/____/____

For more information please call S.T.A.R. at (818) 782-7359