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Sephardic Tradition And Recreation "Friendships for a Lifetime"

Home Phone :()Cell Number: ()E-Mail: Date of Birth:/SchoolSynagogue: Mother's Name:	6634 Valjean Ave. • Van Nuys • CA • 91406	Tel: (818) 782-7359 Fa	ix:(818)782-5511 v	www.LASTAR.org
Mitz vah & Haver im (Ages 13-18) Early Bird Price: ONLY \$47.00 (Ends Nov. 21) Regular Price Only: \$52 (Ends Nov. 28) (Price includes all activities, transportation, and meals) DEADLINE to register is Wednesday Nov. 28 th , 2014 Please give at least \$1 (or more) to your child in order to give Tzedaka on the bus for the needy of Israel. As 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 wars their S.T.A.R. Tshift during the event. If you have any questions please call Rabbi Sakhaid at S.T.A.R. (189) 728-738. # Please check one City Plekup 9:30 AM at Sephardic Temple (10500 Wilshire Bird.) (Return 6:30 PM) Check enclosed \$	1. Print out application, fill it in completely and M	Mail / Fax / Email (rabbi@lastar		with your payment.
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□ Charge my Visa/MasterCard \$				
Card # I authorize Sephardic Tradition And Recreation to charge the above credit card held in my name Signature				
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Student Registration and Medical Release Form Male Female First Name:		•	ove credit card held in my name	
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What is the best phone number to call during this event, (if different from above) ()	First Name:	Last Name: City:	State:	Zip:
What is the best phone number to call during this event, (if different from above) ()	First Name:	Last Name: City: umber: ()	State:	Zip:
In the event I cannot be reached in an emergency, please notify: Name:	First Name:	Last Name: City: umber: ()	State: E-Mail : Synagogue:	Zip:
Relationship: Phone: ()Cell Phone: () The following must be read and signed by a parent or legal guardian for e veryone 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 bom 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 December 7, 2014 Print Name(s) of Parent(s) Responsible for Child Signature:	First Name:	Last Name: City: umber: () Father's Name:	State: E-Mail : Synagogue:	Zip:
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