



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 LASERTAG & IMAX!

SUNDAY Nov. 16, 2014 (AGES 10-12 AVIV)

EARLY BIRD PRICE JUST \$30.00 (ends NOV. 5th)

REGULAR PRICE JUST \$36.00 (ends NOV. 12th)

(Price includes ADMISSION, transportation, and Food

So, register today!

DEADLINE to register NOVEMBER 12, 2014

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.

Valley Pickup 10:30 AM

STAR OFFICE (6634 Valjean Ave. Van Nuys)

Return 3:00 pm.

City Pickup 10:00 AM

Sephardic Temple (10500 Wilshire Blvd.)

Return 3:30 pm.

Payment Information

Check enclosed \$ _____

NO CREDITS OR REFUNDS

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 **November 16, 2014.**

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

Signature: _____ Date: ____/____/____