



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 KNOTTS SCARY FARM**

**OCTOBER 29<sup>th</sup>, 2011 (AGES 13-18 MIZVAH & HAVERIM)**

**PRICE JUST \$60.00**

(Price includes **ADMISSION**, transportation, and Food

**So, register today!**

**DEADLINE to register OCTOBER 24<sup>TH</sup>, 2011**

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.

- |  |  |                 |
|--|--|-----------------|
| <input type="checkbox"/> Vally Pickup 8:00 PM. | STAR OFFICE (6634 Valjean Ave. Van Nuys) | Return 3:00 AM. |
| <input type="checkbox"/> City Pickup 8:30 PM.  | Sephardic Temple (10500 Wilshire Blvd.)  | Return 3:30 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. 29<sup>th</sup>-30<sup>th</sup>, 2011.**

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

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