



6634 Valjean Ave. • Van Nuys • CA • 91406 Tel: (818) 782-7359 Fax: (818) 782-5511 Email: rabbi@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 or Fax or Email 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.

**SANTA MONICA PIER CHANUKAH PARTY 2014  
SUNDAY DECEMBER 21<sup>st</sup> 2014 AGES 7-12 TIKVAH & AVIV)**

**Discount on all applications received by DEC. 10<sup>TH</sup>! So register TODAY!!!**

**Discount price: \$30.00 & Full price \$38.00**

(Price includes all activities, transportation, and meals)

**ALL APPLICATIONS RECEIVED AFTER DEC. 10<sup>TH</sup>, WILL PAY FULL PRICE.**

**DEADLINE to register is DEC.17, 2014**

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

**S.T.A.R. Kids will be twisting things up at Pacific Park on the S. Monica Pier for our annual S.T.A.R. Kids Chanukah Party! Activities include: unlimited access to all 12 exciting rides, free play passes to several of the 20 Carnival games, A special Chanukah Arts and Craft Project, Hot Latkes, Delicious Donuts, Chanukah Presents, Dreidel Playing and the Lighting of the Chanukah Menorah!**

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 11:00AM - Sephardic Temple (10500 Wilshire Blvd.) Return 6:30 PM  
 Valley Pickup 10:30AM S.T.A.R. Office (6634 Valjean Ave) Return 7:00 PM

**Payment Information**

Check enclosed \$ \_\_\_\_\_

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 **December 21st, 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