



Sephardic Tradition And Recreation
"Friendships for a Lifetime"

6634 Valjean Ave. • Van Nuys • CA • 91406 Tel: (818) STAR FLY (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.

STAR KNOTT'S SCARY FARM

OCTOBER 20th, 2018 (AGES 13-18 MIZVAH & HAVERIM)

EARLY BIRD PRICE JUST \$70.00 Ends Oct. 11th

REGULAR PRICE JUST \$80.00 Ends Oct. 17th

Price includes ADMISSION, transportation, and Food

So, register today!

DEADLINE to register OCTOBER 17th, 2017

Email info@lastar.org for any questions you may have

With all S.T.A.R. trips, we will be experiencing Jewish values and ideas that are incorporated in the trip's theme.
Please bring at least \$1 (or more) in order to give Tzedaka on the bus.

☐ Valley Pickup 8:00 PM.

STAR OFFICE (6634 Valjean Ave. Van Nuys)

Return 3:30 AM.

☐ City Pickup 8:30 PM.

Sephardic Temple (10500 Wilshire Blvd.)

Return 3:00 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. 20th-21st, 2018.**

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

Signature: _____ Date: ____/____/____