



NO'AR HADASH ISRAEL EXPERIENCE REGISTRATION FORM

Please fill out, sign, and return this registration form
with a non-refundable \$300 deposit to:

No'ar Hadash Israel Experience
101 Greenwood Avenue, Suite 430
Jenkintown, PA 19046
Fax: (215) 885-5603

PARTICIPANT INFORMATION

Participant's Full Name: _____
Nickname / Preferred Name: _____ Hebrew Name: _____
Address: _____
City, State/Province, Zip: _____
Phone: (____) _____ - _____ Participant's E-mail: _____
Sex: _____ Date of Birth (mm/dd/yy): ____/____/____
School: _____ Grade as of September 2009: _____
Congregation: _____
Congregation Affiliation: Reconstructionist Conservative Reform Orthodox
 Unaffiliated Other: _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian 1 Name: _____
Address (if different from participant): _____
City, State/Province, Zip: _____
Home Phone: (____) _____ - _____ Work Phone: (____) _____ - _____ ext.
Cell Phone / Pager: (____) _____ - _____ E-mail: _____
Fax Number: (____) _____ - _____ Occupation: _____

Parent/Guardian 2 Name: _____
Address (if different from participant): _____
City, State/Province, Zip: _____
Home Phone: (____) _____ - _____ Work Phone: (____) _____ - _____ ext.
Cell Phone / Pager: (____) _____ - _____ E-mail: _____
Fax Number: (____) _____ - _____ Occupation: _____

Participant lives with: Both parents Parent 1 Parent 2 Other _____

EMERGENCY INFORMATION

Emergency Contact 1 (not parent) – Full Name: _____

Relationship to participant: _____

Home: (____) _____ Work: (____) _____ Cell: (____) _____

Emergency Contact 2 (not parent) – Full Name: _____

Relationship to participant: _____

Home: (____) _____ Work: (____) _____ Cell: (____) _____

SPECIAL NEEDS

Does the participant have any special needs or conditions that might affect his/her ability to participate fully in our program? (Please explain, attach extra sheets if necessary.)

PERMISSIONS

No'ar Hadash may share my family's name, phone number, and e-mail address with other participants and their families for communication purposes only. Yes No

I hereby give my teen permission to attend the No'ar Hadash Israel Experience.

Signature of Parent / Guardian

Date

PAYMENT

The No'ar Hadash Israel Experience is **\$6,600**.* This includes all program, staff, and travel costs (excluding spending money, travel insurance, and travel to and from Camp JRF / Newark Airport at the beginning and end of the program).

* Participants who pay by check may deduct \$150 from the trip cost; this deduction will be taken from the final payment.

Send all financial statements to (if different from participant's address):

Name: _____

Address: _____

City, State/Province, Zip: _____

Are you seeking financial aid? Yes No

Please enclose a non-refundable deposit check made payable to **JRF – No'ar Hadash** for \$300, or fill in your Visa, MasterCard, or American Express information below:

Card Number

Expiration Date

I authorize JRF to charge \$300 to my account as a non-refundable deposit:

Name on Card (print)

Signature

A confirmation letter will be sent upon receipt of registration form and deposit.