

No'ar Hadash Israel Experience  
**APPLICATION FORM**



No'ar Hadash • 101 Greenwood Avenue, Suite 430 • Jenkintown, PA 19046

**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 2010: \_\_\_\_\_

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 \_\_\_\_\_

**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.)

**EMERGENCY INFORMATION**

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**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: (\_\_\_\_) \_\_\_\_\_

**PERMISSIONS**

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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**

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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).

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

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State/Province, Zip: \_\_\_\_\_

**Would you like a scholarship application?  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

Please return this registration form, with your non-refundable \$300 deposit, to:

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*A confirmation letter will be sent approximately two weeks after receipt of application form and deposit.*