



Jewish Community Center

SONOMA COUNTY

JEWISH TEEN PROGRAM

REGISTRATION INSTRUCTIONS AND CHECKLIST

Student Name _____ Grade in Fall 2010 _____

Parent Name(s) _____

Parent email _____ Student email _____

Parent Phone _____ Student Cell Phone _____

**Please send in your payment and completed forms to register for Chaverim by June 15, 2010.
JCC, 1301 Farmers Lane, Suite 103, Santa Rosa, CA 95403**

Payment options (choose one):

- I am sending the \$100 deposit, payable to Chaverim. Please bill me for the balance due.
- I am sending in the entire fee of \$395. My synagogue is _____.
- I am sending in the entire fee of \$470 as a non-synagogue member.

I have signed and am sending in the following forms:

- ___ Registration & Checklist (this sheet)
- ___ Release from Liability / Participation Agreement (double-sided form)
- ___ Teen & Family Information / Medical Information (double-sided form)

___ I am sending in an additional \$18, \$36, \$72, \$180, \$360 or \$ _____ towards helping another family who needs assistance. *(Optional, but appreciated, of course!)*

Please check all that apply:

- My student is interested in USY (United Synagogue Youth) or NFTY (Northern Federation of Temple Youth). Enrollment in Chaverim entitles student to enrollment in either youth group.
- I am available to chaperone an event.
- I am interested in being on the Jewish Teen Program Committee.

*Calendar of Events and Dinner Discussions are forthcoming.
Dates and Events are subject to change*