



618 S. Michigan Avenue, 7th Floor · Chicago, IL 60605 · phone: (773) 342-3868 · fax: (773) 442-0494 · info@shorashim.org

Winter Israel Adventure Registration

- Dates: December 20, 2006 – January 1, 2007
- Cost: \$1,450 (price includes roundtrip airfare)

Participant's Name (as it appears on passport) _____

School _____ Current Grade _____ Date of Birth ____ / ____ / ____

Address _____

City _____ State _____ Zip _____

Home Phone (____) _____ Participant E-mail _____

Father's Name (last name if different) _____

Occupation _____ Company _____ Work/Cell Phone (____) _____

E-mail _____

Mother's Name (last name if different) _____

Occupation _____ Company _____ Work/Cell Phone (____) _____

E-mail _____

Participant resides with: Father / Mother / Both

In order to confirm your space on the program you must send in this form and a \$250 (refundable) deposit. Please mail form and deposit check to:

Shorashim
Attn: Winter Israel Program
618 S. Michigan Avenue, 7th Floor
Chicago, IL 60605

I have paid my deposit by credit card.

I hereby give permission for my child to participate in Shorashim:

Parent's Signature

Date