



February 12-14th, 2010
Temple Beth Or
Raleigh, NC

PERSONAL INFORMATION

First Name _____ Middle Initial ____ Last Name _____

Address _____ City _____

State _____ Zip Code _____

Sex ___ M ___ F Date of Birth _____ Home Phone _____

Cell Phone _____ Email _____

Current Grade _____

Congregation ----- City/State of Cong. _____

What is your t-shirt size? Circle One: S M L XL XXL

Congregational Affiliation (Rabbi/Cantor or Music Director)

First Name _____ Last Name _____

Email _____

Parent/Guardian Information

Parent/Guardian 1

First Name _____ Last Name _____

Relationship _____

Email _____ Home Phone _____

Work Phone _____

Cell Phone _____

Parent/Guardian 2

First Name _____ Last Name _____

Relationship _____

Email _____ Home Phone _____

Work Phone _____

Cell Phone _____

Emergency Contact

Please list the name and contact information of a person we may contact in the event that we are unable to reach your parents/guardians.

First Name _____ Last Name _____

Relationship _____

Home Phone _____ Cell Phone _____

SPECIAL NEEDS / MEDICAL INFORMATION

Special Dietary Needs/Restrictions

- Kosher
- Vegetarian
- Vegan
- Lactose Intolerant
- Gluten Free
- No Nuts
- Food Allergies

Special medical/emotional conditions:

Please list any other known allergies:

Please list any other pertinent medical information:

PAYMENT FORM:

Tuition for ShulHouse Rock 2010 is \$150. Including room/board and materials. ***Transportation to Raleigh/Durham is not included.***

Name _____

Congregation _____

Phone _____

Email _____

My payment for Shulhouse Rock:

I have enclosed a check. Please make checks payable to "Temple Beth Or".

Check # _____ Amount _____

Payee _____

I am receiving a scholarship in the amount of \$ _____

from:

____ Congregation

____ NFTY TYG

____ URJ

____ OTHER