



Etz Chaim NCSY Membership / Shabbaton Application 2006-2007

PERSONAL INFORMATION

Name: _____ Address: _____
 Gender: () Male () Female City, State, Zip: _____
 Chapter: _____ Cell Phone _____
 Synagogue _____ Home Phone: _____
 School: _____ Email: _____
 Grade: _____ Birthday: ____/____/____ AIM: _____
 Parents' Names: _____
(please include titles, first and last names)
 Home Phone: _____ Cell Phones _____
 Email _____ Emergency Contact: _____
 Would your parents like to learn more about NCSY? _____

SHABBATON INFORMATION

Event: _____
 Is this your first Etz Chaim NCSY Regional Event? YES NO
 Have you submitted a 2006-07 Medical Form? YES NO *If no, please download one from www.njnscy.com and submit.*
 Do you have any physical restrictions / allergies that we need to be aware of?

 Are you currently taking any medications? (if yes please list below)

 Are you a Vegetarian? _____

Housing Requests *NCSYers may not make their own housing arrangements. Late applications lessen the chance of us being able to honor your request. We will try our hardest to honor at least one of your requests*

1) Name: _____ Chapter _____
 2) Name: _____ Chapter _____
 3) Name: _____ Chapter _____

Parent Authorization: I hereby grant my son/daughter permission to attend this NCSY event. I am familiar with its regulations and the code to which he/she will adhere. In case of an emergency, I understand that every effort will be made to contact parents or guardians. In the event that I cannot be reached, I hereby give permission to the physician selected by NCSY to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for my child as named above.

Parent or Guardian Signature: _____ **Date** _____
PLEASE NOTE: Applications will not be accepted without a parent or guardian signature!

ENCLOSED:

Membership Fee for 2006-07	\$25	___ Please charge my ___ Visa ___ Mastercard
Event: _____	_____	Card Number: _____
Less Scholarship (Code: _____)	_____	Exp Date: _____
Total Enclosed:	_____	Cardholder: _____
		Signature: _____

Please make checks payable to Etz Chaim NCSY

Send this form and money to: **Etz Chaim NCSY, 1345 Queen Anne Road, Teaneck, NJ 07666** or Fax **201-862-0914**.
 Questions? Call 201-862-0250 or Email office@njnscy.com