



2006-2007 Participant Registration Form

☆ RETURN FORM TO THE BJE BY NOVEMBER 1st ☆

Please PRINT all information clearly

This box to be filled out by the trip organizer. Direct any questions and/or return this application to:

Contact Person's Name: Sabrina Sjolseth

Agency: Bureau of Jewish Education

Address: 1 Federation Way, Suite 205

City: Irvine

State: CA

Zip: 92603

Phone: (949) 435-3450

Fax: (949) 435-3456

E-mail: Sabrina@bjeoc.org

Application Must be Returned by: November 1st

Seminar Dates: February 15-21st

Name: _____ Male or Female Date of Birth: _____

Social Security #: _____ Country of Origin: _____ Country of Citizenship: _____

Information on the line above is needed for a possible visit to the White House while on seminar. Thank you for providing it ahead of time.

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Participant Cell Phone: _____

Participant Email: _____ Grade in school: 10th 11th 12th Year Graduating _____

T-Shirt Size: S M L XL XXL XXXL *Please circle one*

Your synagogue's name & city (if applicable): _____

Your Affiliation: (check one) Orthodox Conservative Reconstructionist Reform "Just Jewish"

Bag lunch: (check one) corned beef turkey pita & hummus peanut butter & jelly

Are you Vegetarian or Vegan

All meals are strictly kosher. If you have any food allergies, list here: _____

Attended a *Panim el Panim*/JCI seminar before? No Yes If yes, when? _____

Congressional District #/Name of your Representative: _____

To find your Congressional District, check out www.congress.org

Parents/other adults to be contacted in case of emergency: One person per section please.

Parent / Guardian 1) Title: _____ First & Last Name: _____

Relationship to Student: _____ Email: _____

Work Phone: _____ Cell Phone: _____

Parent / Guardian 2 or other adult) Title: _____ First & Last Name: _____

Relationship to Student: _____ Email: _____

Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

All information must be provided. The parent or guardian must sign the 2nd page or this form will be returned.

THIS APPLICATION HAS 2 PAGES: PLEASE COMPLETE THE NEXT PAGE →

For Office Use Only Date Received: _____ Seminar Type: ___ PeP ___ JCI _____ Other

