

Jewish Community Center of Harrison

USY MEMBERSHIP

9th –12th Grades

Please Print and fill out all the information:

Name _____ Birthdate _____ Grade _____

Address _____ City/State _____ Zip _____

School _____ Email _____ AIM _____

Home Phone _____ Cell Phone _____

Parents Name _____ Parents Cell _____

Medical Info:

Allergies _____

Medications _____

In the event of an emergency please contact:

Name _____ Relationship _____

Phone _____ Cell _____

Name _____ Relationship _____

Phone _____ Cell _____

Favorite Ice Cream Flavor (just for fun) _____

I am super excited to be a part of the 2006-2007 Jewish Community Center of Harrison's High School USY group and have enclosed my **\$36 membership fee**. The membership entitles me to attend all divisional, regional and national events. In addition the membership entitles me to lower costs for the JCCH chapter events. Note: One does not need to be a member in order to attend any of the JCCH USY events.

Please return the form and payment to Shoshana Rudnick in the Hebrew School office by October 9th 2006.

Questions, Concerns. . . ShoshanaRudnick@yahoo.com