

Mekom Torah Teens 5779 - Registration Form

Student Info Name: _____ Date of Birth: _____
School: _____ Grade: _____
Email: _____ Phone: _____

Parent Info Names: _____
Address: _____
_____ Email: _____ Phone: _____
Synagogue affiliation, if any: _____

Please read, discuss together, and sign the following:

We're putting the following Sundays on our calendar, 1:00 - 2:30 pm, at BI or Ohev:

Oct 7, Oct 28, Nov 18, Dec 16, Jan 27, Feb 24, Mar 24, Apr 28, May 19

We realize that the success of this program depends on people showing up! We will do our best to be there, and will let you know as soon as possible when we can't make it.

Signed: _____ (student)

Signed: _____ (parent)

Please check one of the following:

We're enclosing a check for \$250 made out to Mekom Torah.

Please contact me at for a confidential conversation about finances, using this contact info: _____ (or feel free to contact Rabbi Helen Plotkin directly).

Would your family would be willing to help sponsor a pizza lunch (aprox. \$50)? Yes

Questions or ideas? Contact Rabbi Helen Plotkin at 610-368-4065 or rabbi@mekomtorah.org.

Please mail completed form to: Mekom Torah
PO Box 178
Swarthmore, PA 19081