

CTeen of Coral Springs Application Form

Dear Teen,

Your Information:

Thank you for taking the time to complete this application and becoming a member of the Coral Springs CTeen Chapter! Please submit this form via email to Rabbishayad@gmail.com to RSVP. Looking forward to an awesome, fun-filled, and meaningful year together!

First Name: _____ Last Name: _____ Hebrew Name: Date of Birth (day, month, year): Home Phone: Cell: Address: City:______ State:_____ Zip: _____ School: _____ Grade: ____ Email Address: ____ Best way to contact me is (check 2 in order of preference) ___ call ___text ___WhatsApp ___Facebook __ email Parents' Information: Mother's Name: Cell: Home phone Email: City: Zip: _____ Father's Name: _____ Cell: ____ Home phone(if different than mother's): _____ Email: _____ Address(if different than mother's):______

City:______ State:_____ Zip: _____

ergency Contact (Phone):	Relation to teen:
Annual m	embership for CTeen is \$180
Become a CTeen Member and enjoy all these benefits:	
Opportunity to participate in Permission is hereby given for Coral Sp	se programs In the Regional CTeen Shabbaton and trips In the International CTeen Shabbaton in NYC Orings CTeen Chapter to use digital, photographic, video, and audion promoting CTeen and in other ventures directly relating to
CTeen/Chabad.	
	Date:
	Payment Options:
Signature or Parent/Guardian:	
Signature or Parent/Guardian: There is a \$180 annual fee. For sc.	Payment Options: holarships or payment plans, please contact Rabbi Shaya
There is a \$180 annual fee. For sc. @ 954-899-6676.	Payment Options: holarships or payment plans, please contact Rabbi Shaya00

CTeen of Coral Springs 954-899-6676 facebook.com/cteencs