



BNEI AKIVA OF TORONTO

South Office – South Lishka.

296 Wilson Avenue
Toronto, Ontario
M3H 1S8
Tel: (416) 630-7634
Fax: (416) 630-2305

North Office – North Lishka.

261 Arnold Avenue
Thornhill, Ontario
L4J 1C3
Tel: (905) 889-2387

Email.

ann@bneiakivatoronto.com
james@bneiakivatoronto.com
Cell.
416 838 7652
416838 7742

Website. www.bneiakivatoronto.com

**Bnei Akiva Chevraya Zach (Grades 7 & 8) Shabbaton – Camp Newport, Huntsville, Ontario
Friday May 7th – Sunday May 9th, 2010
Application Form**

Personal Details

First & Middle Names	Family Name
Address	Postal Code
Telephone	Date of Birth
Parents' E-mail	Participant's E-mail
School	Synagogue

Shabbaton Details

Dietary Requirements

Rooming Requests *(Please list 3 and we will try to accommodate at least one choice)*

1. _____ 2. _____ 3. _____

I am willing to:

Give a D'var Torah	Yes/No
Read Torah	Yes/No – Shacharit/Mincha
Read Haftorah	Yes/No

Medical Details

OHIP Number	Allergies
Medical Conditions	Medications

Approximate date of last tetanus

Other medical information we should be aware of

**All medical information will be treated confidentially and will only be shared with the necessary persons*

Shlichim	Ann & James Williams
Mazkirim.	Robert Balis, Ashira Gailor, Jake Goldstein, Nachum Silverman, Ariella Winter
Parent Forum Chairpersons.	Karen Meyer, Roberta Newman
Roshei Snif:	Lee Abrams, Shira Eklove, Emuna Gemara, Ora Javasky, Joel Jesin, Aaron Lesser, Sam Meyer, Chana Postluns
Roshei Chevraya.	Leedan Cohen, Shimon Danieli, Bailey Fox, Rena Green, Ori Herrmann, Sarena Isakow, Devorah Jacobs, Chaya Kaye, Yadin Koschitzky, Ofra Lipson, Akiva Maresky, Talya Shumacher, Yael Spiegel.
Roshei Va'adot.	Serena Alloul, Margalit Bernstein, Rafi Gasner, Daniel Gemara, Sarah Ohana



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Emergency Contacts

** Please list three emergency contacts below. One must be a Parent/Guardian and the other two must be other family or friends.*

Contact 1:

Name	Relationship
Home Phone	Cell Phone

Contact 2:

Name	Relationship
Home Phone	Cell Phone

Contact 3:

Name	Relationship
Home Phone	Cell Phone

Payment

The price of the Shabbaton includes the following:

1. Transportation
2. Shabbat Meals
3. Accommodation
4. Kiddush & Oneg
5. Peulot & Tochniot
6. Motzei Shabbat Tochnit
7. Cost of Tzevet (remember they volunteer their time so we do not ask them to pay)

Shabbaton Cost		
	With Mas Chaver	No Mas Chaver
Paid By April 12th	\$140	\$155
Paid After April 12th	\$150	\$165

Closing date for Applications is April 27th

I have enclosed a Cheque for \$____ made payable to **'Bnei Akiva of Toronto'** to cover the cost of the Shabbaton. My child already holds Mas Chaver and the membership number is _____.

Please note spaces are limited and will be allocated on a first come first served basis. You will be informed by email of acceptance and further details.

If you wish to apply for Mas Chaver see forms included below.

- | | |
|----------------------------|---|
| Shlichim | Ann & James Williams |
| Mazkirim: | Robert Balis, Ashira Gailor, Jake Goldstein, Nachum Silverman, Ariella Winter |
| Parent Forum Chairpersons: | Karen Meyer, Roberta Newman |
| Roshei Snif: | Lee Abrams, Shira Eklove, Emuna Gemara, Ora Javasky, Joel Jesin, Aaron Lesser, Sam Meyer, Chana Postluns |
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Returning Forms

Please return forms to one of the following:

South Lishka – 296 Wilson Ave, Toronto, Ontario, M3H 1S8
 North Lishka – 261 Arnold Ave, Thornhill, Ontario, L4J 1C3
 In Netivot – The Bnei Akiva mailbox next to security in the main entrance

Participant’s Agreement

**This requires the signature of the participant*

1. I agree to participate in all sessions of the Shabbaton including Tefillot, Meals & Sessions.
2. I also agree to adhere to all of the rules and requests of Bnei Akiva during the planned program.
3. I understand that any damage I cause to the facilities around me or to property of others while on a Bnei Akiva program will be my responsibility to replace and repair.
4. I also understand that Bnei Akiva is not responsible for any damage, theft or loss of personal items.

Signed: _____ Printed: _____ Dated: _____

Parental Terms, Conditions & Permission

**This requires the signature of both parents/guardians*

1. We hereby grant our child _____ permission to attend *Bnei Akiva’s Chevraya Zach Shabbaton*.
2. We also hereby declare that to the best of our knowledge, this medical information is accurate and complete in all its details.
3. We understand that Bnei Akiva will not be responsible for any medical condition either physical or emotional, which may result from our failure to disclose relevant information.
4. In case of emergency we give permission for the designated First Aid provider to assist our Child. If it is necessary, we give permission for our child to be taken to a local Doctor or hospital and a parent or emergency contact will be contacted as soon as possible.
5. We understand that any damage our child causes to the facilities around him/her or to property of others while on a Bnei Akiva program falls under our responsibility to replace and repair.
6. We also understand that Bnei Akiva is not responsible for any damage, theft or loss of personal items.
7. We understand that if we withdraw our child from the Shabbaton with **11+ days notice** we will receive a full refund; with **6- 10 days notice** we will receive a 50% refund and with **5 days notice or less** no refund will be issued.

We have read and agree to all of the above.

Signed: _____ Printed: _____ Dated: _____

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- | | |
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