

**SHALOM CHAVERIM
MEMBERSHIP APPLICATION
2009-2010**

Child's Name _____ Grade (Circle) 3 4 5

Child's Name _____ Grade (Circle) 3 4 5

Parent/Guardian Name(s): _____

Address: _____

Best E-Mail Address: _____

Phone: (H) _____ (C) _____

Emergency Contact in the event you can not be reached at above numbers.

Name: _____

Relationship: _____

Phone: _____

Please list any special conditions of which we should be aware, e.g. food or contact allergies: _____

Dues of \$18 for the year will cover most events. Dues for the second child in the family are \$9. Checks payable to *Shalom Chaverim* can be sent to the Temple Office (P.O. Box 6007 Bridgewater, NJ 08807) or brought to an event with this application.

Please contact Rachel Horowitz (908) 725-6522 ez2love917@aol.com, Brian Engelstein (732) 469-4901 brian@engelstein.net or Laura Krane (732) 947-6260 candylaura@prodigy.net with any questions.