



Kehillat Shalom Youth Department

2008 - 2009

KSUSY (9th - 12th grade)

Membership Application

Kehillat Shalom Member Dues: \$36.00 Non-Member Dues: \$50.00

Name _____

Hebrew name _____

Grade (Fall 2008) _____ School _____

Synagogue affiliation: _____ Kehillat Shalom _____ other: _____

Age _____ Birth date _____

Do you have a driver's license? _____

Address _____

City / State / Zip _____

Home phone number(s) _____ Cell _____

E-mail address _____

Mother's name _____ Mother's work phone _____

Mother's home phone _____ Mother's cell phone _____

Mother's address _____

Mother's email address _____

Father's name _____ Father's work phone _____

Father's home phone _____ Father's cell phone _____

Father's email address _____

Emergency contact: Name _____

Relationship: _____ Phone number: _____

Allergies/Medical Conditions/Issues: _____

Questions?

contact Kehillat Shalom Youth Co-Chairs

Paula Harris (847) 213-0428

Shelley Kennedy (847) 674-6202

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