



Registration

Teen Info

First Name: _____ Last Name: _____

Hebrew Name: _____ Date of Birth: _____

Home Phone: _____ Cell phone: _____

Address: _____

City: _____ State: _____ Zip: _____

School: _____ Grade: _____ Email Address: _____

Best way to contact me is (check one or two) call text WhatsApp Facebook email

Parent Info

Father's Name: _____ Cell Phone: _____

Email: _____

Mother's Name: _____ Cell Phone: _____

Email: _____

Emergency Contact

Name: _____ Phone: _____

Relationship to teen: _____

Photography Waiver

Permission is hereby given for CTeen of Old Tappan to use in promoting CTeen and in other ventures directly relating to CTeen/Chabad:

(i) Digital, photographic, video, and audio images or likenesses of teen member; and

(ii) Statements, articles, names, music, art, photographs, audio recordings, films and videos created by the teen member or originating from CTeen or from a CTeen related activity.

Signature of Parent or legal Guardian: _____ Date: _____

There is no charge for our events, but sponsorships are available and appreciated! Donations can be made on the website at: www.chabadot.org/donate

Please email the registration form to: rabbishlomie@chabadot.org