



First Name _____ Last Name _____

Address _____

Phone _____ Email _____

Age _____ Synagogue affiliation _____ Rabbi _____ Phone _____

Marital Status: Never married Divorced Widowed Kohain Occupation: _____

Hashkafa: Modern Machmir Yeshivish Other (please clarify) _____

Credit Card # _____ Exp _____ CCV2 _____

Personal Reference and Phone # _____

Are you registered with YU Connects or SawYouatSinai? _____

Housing needed? _____ Roommate preference _____ (preference cannot be guaranteed)

If you do not need housing, with whom will you stay? _____

Do you need a ride? _____ Can you provide a ride? _____

May we release your contact info for transportation purposes to other participants? _____

If yes, where are you leaving from and at what time? _____

Cancellation policy: A \$25 fee will be charged for all cancellations--no refunds after April 22

Waiver must be signed for application to be complete.

WAIVER: The National Council of Young Israel, Young Israel Shomrai Emunah of Greater Washington, Woodside Synagogue Ahavas Torah, and Vaad Harabanim of Greater Washington and their respective officers, directors and volunteers are not legally responsible to me for any personal injuries - including intentional assaults or battery, property damage, theft or other monetary loss, that occurs because of my participation in the Singles Shabbaton Weekend scheduled for April 26-28, 2013 in Silver Spring, MD. Although the Shabbaton application requests references, there is no guarantee that all references will be checked and checked references are for administration purposes only. Participants are responsible to check references or conduct any background checks of other participants with whom they would like to continue a relationship and may not rely on any reference checks from The National Council of Young Israel, Young Israel Shomrai Emunah of Greater Washington, Woodside Woodside Synagogue Ahavas Torah, and and Vaad Harabanim of Greater Washington their respective officers, directors and volunteers. Participants assume all risk if they schedule any date or meeting with another participant of the Shabbaton.

I read and understand the waiver:

(Please print and sign name) _____ Date: _____

*Please mail your payment, payable to **Young Israel Programs** and application with a copy of Government -issued photo ID showing Proof of Age to: Young Israel Singles, National Council of Young Israel, 111 John St., Suite 600, NY, NY 10038 or: email to jsteinig@youngisrael.org -- fax: 212-727-9526 and payment by credit card (\$150 by April 21; \$165 after April 21)*