

YAHAD Trip Registration Part #2

Full Name:	
Mother's Name:	
Mother's Nationality:	
Father's Nationality:	
Home Address:	
Mobile Phone:	
Email:	
Date of Birth:	
Number of Years at University:	
Specialization	
Place of Work/Study:	
Study Subject/Job Title:	

Have you attended STARS (YAHAD) classes before? _____

If YES, please indicate the period: _____

I am Jewish according to Jewish law _____

I understand that I am obligated to attend the YAHAD classes for 2 hours per week _____

I understand that absence or coming late may result in being denied access to the trip _____

I understand that the Rabbi reserves the right to suspend me from the classes or the trip if I do not take the program seriously _____

By registering for the YAHAD program, I consent to the processing of my personal information _____

Date Filled

Signature

Program Director:
R. Mendel wilansky
doamitzvah@gmail.com

Technical Support:
STARS Central Office
stars.israel.office@gmail.com