

USY POLAND SEMINAR FOR ADULTS

July 3-10, 2018

Registration Form

Please Note: Please refer to the tentative itinerary and the General Information for details. Submit one form per applicant .After completing this form, please mail it with your deposit of \$400 per person (Payable to USY) to Jules Gutin , USY Poland Seminar for Adults , Post Office Box 3122 , Teaneck , NJ 07666. Please submit by March 1, 2018.

Name - *Please print your name in block letters as it appears on your Passport*

Last Name

First and Middle

What do people call you

Date of Birth _____

Month / date / year

Home Address

No. and Street

City

State

Zip

E-mail Address - *Note: We will use this for all communications. Please print clearly*

Preferred Phone # _____

Additional Phone # _____

Passport Information

Passport #

Nationality

Place and date issued

Exp. Date (mo-da

Rooming Request (check one)

_____ *Last Name/First Name*

Double sharing with _____

Single (please bill me \$380 additional for single supplement)

Dietary Needs (*all food served is kosher*)

I am a vegetarian

I am a vegetarian and I eat fish

Please list any additional dietary needs/restrictions /food allergies etc.

Health/Medical Issues

Please indicate any allergies , recent surgeries , physical limitations , etc.

Emergency Contact

Last name _____ *First* _____ *Relationship* _____

Preferred phone # _____ *Additional phone #* _____

USY Experience (Alumni , staff . parent , etc)

Have you ever been to Poland before? _____ If yes , dates and nature of trip

Signature

date