

USY POLAND SEMINAR FOR ADULTS

July 4-11 , 2017

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, 2017 .

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

Last Name/First Name

Rooming Request (check one)

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