



PARTICIPANT DATA FORM

Participant Name _____

Date of Birth _____ Age _____ Grade _____

Home Address _____ Zip _____

Phone _____

E-mail _____

Affiliations:

Synagogue _____

Youth Groups, JCC, etc. _____

Visited Israel? Yes No If yes, give brief details:

If applicable, Israel Program you wish to go on & when:

Parent 1 Name _____

Occupation _____

Home Address _____ Zip _____

Phone _____

E-mail _____

Parent 2 Name _____

Occupation _____

Home Address _____ Zip _____

Phone _____

E-mail _____

PLEASE RETURN THIS FORM, EITHER TO YOUR PARTICIPATION CONGREGATION, OR TO:

Greater Miami Jewish Federation
ATTN: Gift of Israel Savings Program
4200 Biscayne Blvd.
Miami, FL 33137

A project of the GREATER MIAMI JEWISH FEDERATION