

Youth Group Application

Print this application, complete, and mail it to Temple Beth-El at the address below with your check or credit card information. Any questions call Jean Kolovson, Youth Director, at 733-9135 ext. 222 or e-mail her at youthadvisor@beth-elsa.org . You may also contact Rabbi Bergman Vann at 733-9135 X 102 or abergmanvann@beth-elsa.org.

Name: _____

Grade '08-'09 _____ Gender: _____ Birth date: _____

Address: _____ Zip: _____

Home phone #: _____

Youth Group member/parent cell phone #: _____

Youth Group member email: _____

Parent(s) Name(s): _____

Parent Home Phone #: _____

Parent's Cell Phone #: _____

Parent email address: _____

Dues: (all dues subsidize the Youth Fund activities directly)

Haverim (Grades 4 & 5) \$25

Olim (Grades 6 & 7) \$30

Gesher (Grade 8) \$35

SAFTY (Grades 9-12) \$40

Please make checks payable to Temple Beth-El.

Credit Card No. _____ exp. _____

Name on Credit Card _____

Send to:
Jean Kolovson, Youth Director
Temple Beth-El
211 Belknap Place
San Antonio, TX 78212