

Westport USY Membership Form 2017-2018

First Name _____ Last Name _____

Address _____

City _____ Zip Code _____

USYer's cell phone _____

USYer's email address _____ Birthday _____

Do you use Facebook? If yes, under what name? _____

Do you use Instagram? If yes, under what name? _____ Grade _____

Parent names _____

Parent email addresses _____

Parent cell phones _____

Medical information that you feel we should be aware of. (Please include food and other allergies, asthma and other medical situations, current medications).

Areas of particular interest. (Circle all that apply, and feel free to add more on reverse side.)

Community Service/SATO	Regional events	Social activities	Shabbat activities
Israel activities	Outdoor activities	Sleepovers	Dances

I understand that being a member of USY involves certain rights and responsibilities. I am expected to participate fully and cooperate with the leaders at all events to which I attend.

Student's Signature _____ *Date:* _____

Parent's Signature _____ *Date:* _____

Membership Dues - \$54

(Your dues support our youth programs - thank you!)

Please make checks payable to 'The Conservative Synagogue':

Send to: Annie Glasser, Youth Director
The Conservative Synagogue
30 Hillspoint Rd, Westport CT 06880
Subject: Westport USY

Contact: Annie Glasser, TCS Youth Director
youthdirectortcs@gmail.com or (203) 803-7242

Don't Forget! Check out and 'like' our Facebook and Instagram pages at Westport USY!