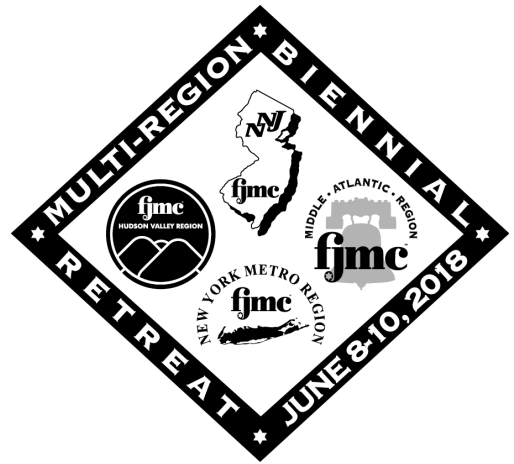


# REGISTRATION

9<sup>TH</sup> Biennial Multi-Region Retreat  
Camp Zeke, Lakewood, PA

June 8-10, 2018



*SIGN ME UP! (Please type or print)*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency contact (Name/Phone/Cell): \_\_\_\_\_

Name on Badge: \_\_\_\_\_ Please choose: Kohen \_\_\_ Levi \_\_\_ Yisrael \_\_\_

Synagogue (and City) \_\_\_\_\_

Club Position: \_\_\_\_\_ Region Position: \_\_\_\_\_

I am able to: Lead Services \_\_\_ Read Torah \_\_\_ Lead Birkat \_\_\_

Alternative/Learner's Service \_\_\_\_\_ Reading in English \_\_\_\_\_

Hebrew Reading \_\_\_\_\_ Specify any prayer preferences:

\_\_\_\_\_

Special Dietary Restrictions: \_\_\_\_\_

Special Talent for Talent Show \_\_\_\_\_

T-Shirt Size \_\_\_ Roommate Request (not a sure thing): \_\_\_\_\_

**Registration Fee:** \$100 per Person (\$200 of full \$300 fee subsidized by the Middle Atlantic Region)

**Please return completed application along with check payable to MAR-FJMC to:**  
MAR-FJMC c/o Jason Waksman, 24 W. Elizabeth Lane, Richboro PA 18954

**For Information Contact:** Elliot Miller: 215-605-1661 or [elliott225@gmail.com](mailto:elliott225@gmail.com)