

# SHALOM CHAVERIM

## Membership Application

2023-2024

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

Home Phone Number: \_\_\_\_\_ Grade: \_\_\_\_\_ Nitzanim Grade: \_\_\_\_\_

Parent's Name(s): \_\_\_\_\_

Parent's Email (Please Print Clearly): \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Please list your ideas or activities you would like to participate in this year:

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### Parental Permission Form

I give permission for my child, \_\_\_\_\_, to join Bridgewater Shalom Chaverim for the year 2023 - 2024. I realize that adherence to Kashrut is required at all Shalom Chaverim sponsored events and that no Shalom Chaverim business will take place on Shabbat.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent(s) available to help chaperone events? Yes / No

If Yes, parent name/contact # \_\_\_\_\_

Shalom Chaverim Membership is \$20.00 for 2<sup>rd</sup>, 3<sup>rd</sup> and 4<sup>th</sup> graders.  
If you are writing a check, please make it payable to "Youth Group".

\*If you would like to pay for all 3 years of Shalom Chaverim at once you may, please note this in your memo line of your check.

### **Please return dues and membership application to:**

Temple Sholom  
ATTN: Jacob Blumberg, Shalom Chaverim Advisor  
594 N. Bridge Street  
Bridgewater, NJ 08807

Or place in the Youth Mailbox, found in the office of Temple Sholom in Bridgewater.

All questions can be addressed to Jacob Blumberg at [blumberg.j@yahoo.com](mailto:blumberg.j@yahoo.com)