



BZD'S TEEN TRIP SUMMER 2010

Teen's name.....What do you want to be called?.....

Parents/Guardians names.....

Mailing address.....

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Home Phone (.....) - Applicant's Cell (.....) -

Mother Day Phone (.....) - Mother Cell (.....) -

Father Day Phone (.....) - Father Cell (.....) -

Applicant's Email.....

Mother's Email.....

Father's Email.....

Date of birth..... Male Female

High school..... Grade.....

Religious school..... Synagogue.....

Year and nature of previous trips to Israel.....

How did you learn about BZD'S TEEN TRIP - SUMMER 2010?

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Please include a \$250 nonrefundable registration fee, payable by check or credit card, to

Baltimore Zionist District

3655-B Old Court Road

Suite 24

Baltimore, MD 21208

Credit Card Information:

Select one: Visa MasterCard American Express

Name on Card

Card Number

Expiration Date Security Code

Signature

**If you have any questions or need more information,
please call or email Ayala Brilliant, Israeli Shlichah 410-484-4510/abrilliant@bzdisrael.org**

Acceptance based on interview.