



# 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.....

Are you a JCC Member?  Yes  No Did you submit a video to our contest?  Yes  No

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 \$199 registration fee, payable by check or credit card**

**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 .....

**Please call the BZD office to schedule an interview.  
If you have any questions or need more information,  
please call or email Ayala Brilliant, Israeli Shlichah 410-484-4510/abrilliant@bzdisrael.org**