



6505 WILSHIRE BOULEVARD, SUITE 300
 LOS ANGELES, CA 90048
 PHONE: (323) 761-8605 ~ FAX: (323) 761-8640

2012 APPLICATION - PART B

PERSONAL DATA FORM, APPLICANT'S STATEMENT AND PERMISSION FORM

To be downloaded, completed, and sent to above address with: **a deposit check of \$500, 2 passport-size photos with your name written on the back of each** (to be used as your photo ID badge) and **2 clear copies of your passport's first page. PART A, PART B and your \$500 DEPOSIT must be received in the BJE office by 3:00pm on Friday, DECEMBER 2, 2011.** Without the deposit, the application will not be considered.

ATTACH PHOTOS
HERE

A personal interview is required to be considered for acceptance into the program. Applicant will be required to send to the BJE a letter of recommendation and to complete additional documents prior to travel including a *General Release Form, Authorization for Medical Treatment and Payment & Release, Standards of Behavior Contract, Jewish Federation Israel Connections/Experiences - Acknowledgement, Agreement and Release, Medical Data Form and Applicant's Statement re: Medical Data Form* (These will be provided to you for completion).

**** THIS FORM IS NOT VALID UNTIL IT HAS BEEN SIGNED BY BOTH PARENTS AND/OR GUARDIANS ****

Full Name of Applicant: _____

Address: _____
Street City State Zip

Applicant's Home Phone:() _____ Cell Phone:() _____ Email: _____

School: _____ Grade: _____

Mother's Name: _____ Mother's Cell:() _____ Mother's Email: _____

Father's Name: _____ Father's Cell:() _____ Father's Email: _____

APPLICANT'S STATEMENT

I hereby request enrollment in the March of the Living Program, a highly intensive Jewish educational experience and agree, if admitted to the program, to participate fully in all its aspects and to abide by all its rules and regulations. I acknowledge that usage or involvement with alcoholic beverages, drugs or narcotics, or any other type of behavior inconsistent with the program's rules and regulations may be cause for my immediate dismissal from the program and my return to the United States at my family's expense.

APPLICANT'S SIGNATURE

DATE

FATHER (OR LEGAL GUARDIAN'S) SIGNATURE

MOTHER (OR LEGAL GUARDIAN'S) SIGNATURE

DATE

PERMISSION FORM

*I hereby give (name of participant) _____ permission to participate in **BJE March of the Living Program**. I agree to hold the leadership of March of the Living, its representatives and staff, harmless from any liability arising out of transporting and supervising, or any other activity pertaining to this program for the above named participant, and agree to indemnify the sponsors of March of the Living and its employees for any costs for the above named participant which may arise in connection with this trip. I give my full permission for all treatment of any nature deemed necessary by doctors in Europe, Israel or USA to be extended to my child within the framework of the medical services provided by March of the Living leadership. I have read my child's statement above and agree to all its terms and conditions.*

FATHER (OR LEGAL GUARDIAN'S) SIGNATURE

MOTHER (OR LEGAL GUARDIAN'S) SIGNATURE

DATE

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