



# DanceElation

## Group Registration

Name of Organization \_\_\_\_\_

Name of Teen Program \_\_\_\_\_

Team Name for Event (*could win you a prize!*) \_\_\_\_\_

### Group Advisor / Contact

Name \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

T-Shirt Size: Youth Small \_\_\_\_\_ Youth Medium \_\_\_\_\_ Youth Large \_\_\_\_\_  
Adult Small \_\_\_\_\_ Adult Medium \_\_\_\_\_ Adult Large \_\_\_\_\_

Yes! Our Jewish teen group will be participating at the **DanceElation** at Israel in the Gardens 2007.

Should the need arise for medical attention or treatment, including hospitalization and/or surgery, during my or my group's participation in the above-described activity, I understand that JFCS is not liable.

Advisor's Signature \_\_\_\_\_ Date \_\_\_\_\_

### Please send this form to:

Teen Programs at Jewish Family and Children's Services  
1710 Scott Street, San Francisco CA 94115

