



Please Respond by
March 3, 2008

Can't wait to put on my dancing shoes and join in on the fun!

I am interested in information from Parties by Panache for our upcoming simcha.

Childs Name: _____

Childs Name: _____

Parent(s) Name: _____

Home Phone Number: _____

Cell Phone Number: _____

E-mail Address: _____

(photos from the evening will be sent via e-mail)

Synagogue / School Affiliation: _____

- Cash \$ _____
- Check \$ _____ check # _____ date _____
- Credit Card # _____ exp. _____

Please mail this form to:

Temple Beth Sholom

2625 N. Tustin Ave., Santa Ana 92705

Questions?? Please call Marla in the education office at 714-628-4620

Please complete medical release
on reverse side

RSVP FOR BSTY PARTY --
SATURDAY, March 8, 2008

*(Please return RSVP Permission Form and Payment to:
TBS, Education Office (2625 N. Tustin Ave., Santa Ana, CA 92705)*

I give permission for my child, named below, to attend this Temple Beth Sholom youth event. In case of illness or injury, I hereby give permission to the advisor in charge to procure treatment for my child. I hereby release Temple Beth Sholom and all its affiliates, including advisors, chaperones, whether paid or unpaid, for all liability resulting from accident or injury during this event, whether it be at a location or during the commute, and release same from all liability resulting from loss or damage of property due to theft or accident. I understand that if my child breaks any rules set forth in the Code of Conduct outlined by the advisor in charge (including possession of cigarettes, illegal drugs, or alcohol), they may be subject to disciplinary action by the advisor in charge, including but not limited to, expulsion from any event, in which case it is my responsibility to pick them up from the event immediately on the request of the advisor in charge, with no refund or monies paid. All participants must remain at the event for the full duration. Late arrival to or early departure from any event must be agreed upon by the advisor in charge ahead of time and must include parental consent.

PRINT MINOR'S NAME

PRINT PARENT OR GUARDIAN'S NAME

PARENT OR GUARDIAN'S SIGNATURE

PARENT OR GUARDIAN'S PHONE NUMBER

TODAY'S DATE

IMPORTANT MEDICAL INFO