

**Boston University Hillel**  
**I ♥ the 90's Shabbaton**  
**May 30 - June 1, 2008**

Name of Adults: \_\_\_\_\_

Names and Ages of Children \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Phone: (h): \_\_\_\_\_

\_\_\_\_\_ (m): \_\_\_\_\_

\_\_\_\_\_ e-mail \_\_\_\_\_

College and year of graduation: \_\_\_\_\_

Religious Affiliation (optional)

Reform    Conservative    Orthodox    Reconstructionist    Other

\_\_\_\_\_ Yes, I would like to participate in helping to lead services or give a d'var Torah at the shabbaton

I would like to pay by:

\_\_\_\_\_ credit card number (VISA/MC only): \_\_\_\_\_

exp. date: \_\_\_\_\_

\_\_\_\_\_ check (enclosed, payable to Boston University Hillel)

Please fax to: 617-353-7660

Or mail to:

213 Bay State Road, Boston MA 02215

Name of Hotel/Accommodations: \_\_\_\_\_

Arrival date: \_\_\_\_\_ Departure date: \_\_\_\_\_

Are you interested in Babysitting services Saturday night? ( Y / N )