

BU Hillel Prospective Student Shabbat Registration Form
November 16 – 18, 2007

Name: _____ DOB: __/__/__ Sex: _____
Address: _____
Home Phone: _____ Cell Phone: _____
Email: _____ School: _____ Grade: _____
Synagogue: _____ Youth Group: _____
Position in youth group (if applicable): _____
Parent 1 Name: _____ Phone: _____
Address (if different from yours): _____

Parent 2 Name: _____ Phone: _____
Address (if different from yours): _____

Emergency contact: _____ Phone 1: _____
Phone 2: _____ Relationship: _____
Do you have any medical problems or other special needs? _____
Please specify: _____
Do you have a roommate request? _____
Are you considering applying to or attending BU? _____
How did you hear about this event? _____

Please check this box if you are NOT staying Saturday night (Shabbaton ends on Sunday) []

Please check this box if you will be arriving before noon for the campus tour []

Student Safety Agreement

I will not possess, consume, or distribute alcoholic beverages, other than that served by adult leadership for Jewish sacramental purposes, even if I am of legal drinking age. I will not possess, use, or distribute any illegal drug or drug paraphernalia. I will not smoke or consume or distribute tobacco products at any time during the event. I will not bring or use any weapons, firearms, or anything that may be construed as a weapon. I will not commit any illegal act. I understand that vandalism, disturbing the peace, or other inappropriate behavior will not be tolerated. I understand that I will have to pay for any damage that I cause. I will not participate in any activities that could be deemed as sexually harassing, demeaning, or hurtful. I will abide by Boston University guest policy rules. I understand that any violation of these rules or any additional rules set forth by Boston University or Boston University Hillel may result in dismissal from the event and disciplinary actions from Boston University and/or the Boston University Police Department.

I have read and understand the rules for this event and agree to abide by them completely.

Signed: _____ Name: _____ Date: _____

PLEASE MAKE CHECKS PAYABLE TO
BOSTON UNIVERSITY HILLEL