

Tri-State Junior Maccabi Games JCC of Central New Jersey Delegation Registration Form

Child's Full Name _____

Age _____ Grade _____ Date of Birth _____

Address _____
Street *Town*

Home Phone _____ E-Mail _____

Mother's Name _____ Father's Name _____

Emergency Name _____ Phone _____

Parent/Guardian's Names: _____

Please indicate the hours when you are available for practices in the spring:

	MONDAY EVENINGS	TUESDAY EVENINGS	WEDNESDAY EVENINGS	THURSDAY EVENINGS	SUNDAYS
APRIL					
MAY					

FEES: \$100/Members, \$125/Community Participants

TOTAL ENCLOSED: \$_____ (Please make your check payable to the JCC of Central NJ)

Upon receipt of this registration form the JCC will contact you regarding a parent/athlete orientation session and practices. Please note that additional paperwork, such as medical forms and a parent permission waiver, will be mailed to you to be completed and returned prior to the orientation session.

**Please note that on May 18 the bus will leave the JCC at 6:00 a.m. sharp
and will return no later than 7:30 p.m.**

Please return your completed registration form and payment to Joanne McKeown at the JCC.



Wilf Jewish Community Campus
 1391 Martine Avenue, Scotch Plains, NJ 07076
 908-889-8800 • www.jccnj.org