

**PARTICIPANT AGREEMENT (Family, Congregation, and Federation) *page 1 of 2***

***Instructions:*** *This document is a Microsoft Word Fillable Form, to be completed digitally; save this document in your computer files while you are working on it. To get started, you may need to click the “View” tab, and select “Edit Document”.* ***To move from field to field, use the up or down arrows on your keyboard,*** *or click or tap into the field.*

The Parties to this Agreement, Click or tap here to enter text., Click or tap here to enter text., and the Greater Miami Jewish Federation (Federation) hereby agree to participate in the Gift of Israel Savings Program. The purpose of this program is to provide financial resources to help enable

Click or tap here to enter text.

to experience and visit Israel as part of his/her Jewish education.

Click or tap here to enter text. and, Click or tap here to enter text., agree to **each** contribute a minimum of $100 each fiscal year (July1-June 30) to a separate Israel education fund administered by Federation. Federation will match the family contribution of $100 per student enrollment year to a maximum total contribution of $1,000 during the program.

The terms and rules controlling the parties’ participation in this program are defined in the attached separate document titled, The Gift of Israel Savings Program Rules of Participation (hereinafter known as “Rules of Participation”). The parties to this agreement state they have read the separate document known as “Rules of Participation” and hereby agree to participate in this program according to its terms.

It shall be the Parent/Guardian’s responsibility to inform Federation of any change of address. In the event that Federation is unable to locate the Participant, Federation reserves the right to retain funds contributed by the Parent/Guardian and apply them to its Israel Programs Scholarship Fund.

The parties further acknowledge their participation in The Gift of Israel Savings Program by signing and dating this agreement below.

**Congregation/Institution:**

Gift of Israel Administrator Click or tap here to enter text.

*By e-signing below, you agree that the signature will be the electronic representation of your signature.*

Gift of Israel Administrator – Signature Click or tap here to enter text.

Date Click or tap to enter a date.

**Parent/Guardian:**

Parent/Guardian Full Name Click or tap here to enter text.

*By e-signing below, you agree that the signature will be the electronic representation of your signature.*

Parent/Guardian – Signature Click or tap here to enter text.

Date Click or tap to enter a date.

**PARTICIPATING SYNAGOGUE MUST FORWARD THESE TWO PAGES TO FEDERATION TO COMPLETE PROCESSING**

|  |
| --- |
| **This section to be completed by the Greater Miami Jewish Federation**Date Received: Click or tap to enter a date. Received by: Click or tap here to enter text. |

**A project of the GREATER MIAMI JEWISH FEDERATION visit us at** [**www.jewishmiami.org**](http://www.jewishmiami.org)



**PARTICIPANT AND FAMILY INFORMATION *page 2 of 2***

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**Participant’s Full Name** Click or tap here to enter text. **Date of Birth** Click or tap here to enter text.

**Age** Click or tap here to enter text. **Grade** Choose an item.

**Home Address 1** Click or tap here to enter text.

**Home Address 2** Click or tap here to enter text.

**City** Click or tap here to enter text., **State** Choose an item. **Zip** Click or tap here to enter text.

**Phone** Click or tap here to enter text. **E-mail** Click or tap here to enter text.

***Affiliations:***

**Synagogue** Click or tap here to enter text.

**Youth Groups, JCC, etc.** Click or tap here to enter text.

**Visited Israel?** Choose an item. **If yes, provide brief details:**

Click or tap here to enter text.

**If applicable, Israel Program you wish to go on & when:**

**Name of Israel Program** Click or tap here to enter text.

**Date of Program** Click or tap here to enter text.

**Family Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **Parent 1 Name** | Click or tap here to enter text. | **Parent 2 Name** | Click or tap here to enter text. |
| **Occupation**  | Click or tap here to enter text. | **Occupation**  | Click or tap here to enter text. |
| **Home Address 1** | Click or tap here to enter text. | **Home Address 1** | Click or tap here to enter text. |
| **Home Address 2** | Click or tap here to enter text. | **Home Address 2** | Click or tap here to enter text. |
| **City** | Click or tap here to enter text. | **City** | Click or tap here to enter text. |
| **State** | Click or tap here to enter text. | **State** | Click or tap here to enter text. |
| **Zip** | Click or tap here to enter text. | **Zip** | Click or tap here to enter text. |
| **Phone** | Click or tap here to enter text. | **Phone** | Click or tap here to enter text. |
| **E-mail**  | Click or tap here to enter text. | **E-mail**  | Click or tap here to enter text. |

**PARTICIPATING SYNAGOGUE send completed forms to** ***giftofisrael@jewishmiami.org*****to complete processing.**

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