



PARTICIPANT AGREEMENT

The Parties to this Agreement,

(Parent/Guardian)

and the Greater Miami Jewish Federation (GMJF) hereby agree to participate in the Gift of Israel Savings Program. The purpose of this program is to provide financial resources to help enable

(Participant's name: Last, First – PLEASE PRINT)

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

GMJF and _____
(Parent/Guardian)

agree to contribute a minimum of \$100 each year to a separate Israel education fund administered by GMJF. The 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, 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 GMJF of any change of address. In the event that GMJF is unable to locate the Participant, GMJF 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.

FAMILY: Participant's grade in school _____

Phone number _____

E-mail _____ (Parent/Guardian – Signature)

Address (please print) _____ City _____ Zip _____

FEDERATION: Greater Miami Jewish Federation

Date: _____ By: _____
(Signature)

A project of the GREATER MIAMI JEWISH FEDERATION



PARTICIPANT DATA FORM

Participant Name _____

Date of Birth _____ Age _____ Grade _____

Home Address _____ Zip _____

Phone _____

E-mail _____

Affiliations:

Synagogue _____

Youth Groups, JCC, etc. _____

Visited Israel? Yes No If yes, give brief details:

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

Parent 1 Name _____

Occupation _____

Home Address _____ Zip _____

Phone _____

E-mail _____

Parent 2 Name _____

Occupation _____

Home Address _____ Zip _____

Phone _____

E-mail _____

PLEASE RETURN THIS FORM, EITHER TO YOUR PARTICIPATING CONGREGATION, OR TO:

Greater Miami Jewish Federation
ATTN: Gift of Israel Savings Program
4200 Biscayne Blvd.
Miami, FL 33137

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