



ChabadTeenNetwork

Chabad of Venetian & Sunset Islands

Jacob Stern, *President*

Andrew Samole, *vice president*

CTeen Registration Form

Dear Teen,

Thank you for taking the time to complete this application and becoming a member of CTeen of Venetian Islands. You can submit this form via mail, fax (305-397-8938) or online at www.chabadvenetian.com. Looking forward to an awesome fun-filled year together!

Teen's Information:

First Name: _____ Home Phone: _____

Last Name: _____ Cell: _____

Hebrew Name: _____ Date of Birth: _____

Mailing Address: _____ School: _____

City, St, Zip: _____ Grade: _____

Email Address: _____

Best way to contact me is ___ email ___ phone ___ text ___ facebook

Parents' Information

Father's Name: _____ Mother's Name _____

Cell: _____ Cell: _____

Email: _____ Email: _____

Home phone: _____ Address: _____

Payment Options:

Enclosed is a check in the amount of \$180

Please charge my credit card in the amount of \$180

Card #: _____ Expiration Date: _____

Billing Address: _____

Signature: _____



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Become a CTeen Member and enjoy all these benefits:

- Covers all events, discounts for larger events
- Awesome CTeen Gear
- A membership certificate
- Discounts at various stores
- Exclusive events
- And much more...

Permission is hereby given for Chabad of Venetian Islands CTeen to use in promoting CTeen and in other ventures directly relating to CTeen/Chabad (i) digital, photographic, video, and audio images or likenesses of teen member; and (ii) statements, articles, names, music, art, photographs, audio recordings, films and videos created by the teen member or originating from CTeen or from a CTeen related activity.

Signature or Parent/Guardian: _____ Date: _____

www.cteen.com

770 Eastern Parkway, Brooklyn, NY, 11213

For more information please call 305-674-8400

www.CteenCentral.com