

**CONGREGATION BETH TORAH AND TEMPLE BETH EL ALABAMA TRIP
REGISTRATION FORM**

Today's Date: _____			
PARTICIPANT INFORMATION			
Last name: _____		First name: _____	
Address: [Address/ P.O Box, City, ST ZIP Code]			
Home phone no.: _____		Cell phone no.: _____	
Email Address: _____			
\$475 for Members of Beth Torah \$600 for Non-Members of Beth Torah (Transportation between Dallas to Birmingham, AL not included.)		<input type="radio"/> Individual <input type="radio"/> Couple	
Name of additional person traveling: _____			
IN CASE OF EMERGENCY			
Name of local friend or relative		Relationship to TRAVELER:	Home phone: _____ Cell phone: _____
PAYMENT			
Method of Payment		<input type="radio"/> Check mailed to CBT/ATTN Congregational Learning Center (720 W. Lookout Dr., Richardson, TX 75080)	
Name on Credit Card: _____		<input type="radio"/> Credit Card	
CC#: _____			
CVV: _____ Exp: /			
CONGREGATION BETH TORAH AND TEMPLE BETH EL assume no responsibility for and shall not be liable for any refund, personal injury, property damage or other loss, accident, delay, inconvenience or irregularity which may be caused by: (1) any defaults, wrongful or negligent acts or omissions of the Suppliers; (2) any defect in or failure of any vehicle, craft, equipment or instrumentality owned, operated or otherwise used or provided by the Suppliers; [and] (3) any wrongful or negligent acts or omissions on the part of any other party not under CONGREGATION BETH TORAH'S OR TEMPLE BETH EL'S control.			
_____ Participant signature		_____ Date	

FOR OFFICE USE: Date form received _____ Date payment received _____ Amount received _____