

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

The Parties to this Agreement, \_\_\_\_\_  
**(parent(s)/guardian(s) full names)** 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 \_\_\_\_\_ **(participant full name)** to experience and visit Israel as part of his/her Jewish education.

\_\_\_\_\_ **(Name of congregation/institution)** and, \_\_\_\_\_  
**(parent(s)/guardian(s) full name)** agree to **each** contribute a minimum of \$100 each fiscal year (July 1-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 Name: \_\_\_\_\_

Gift of Israel Administrator – Signature \_\_\_\_\_

Date: \_\_\_\_\_

**Parent/Guardian:**

Parent/Guardian Full Name: \_\_\_\_\_

Parent/Guardian – Signature: \_\_\_\_\_

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: \_\_\_\_\_ Received by: \_\_\_\_\_

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

Participant's Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Home Address 1: \_\_\_\_\_

Home Address 2: \_\_\_\_\_

City: \_\_\_\_\_, State: \_\_\_\_\_, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

***Affiliations:***

Synagogue: \_\_\_\_\_

Youth Groups, JCC, etc: \_\_\_\_\_

Visited Israel? \_\_\_\_\_ If yes, provide brief details:

\_\_\_\_\_

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

Name of Israel Program: \_\_\_\_\_

Date of Program: \_\_\_\_\_

**Family Information**

Parent 1 Name: \_\_\_\_\_

Parent 2 Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Occupation: \_\_\_\_\_

Home Address 1: \_\_\_\_\_

Home Address 1 (if different): \_\_\_\_\_

Home Address 2: \_\_\_\_\_

Home Address 2: \_\_\_\_\_

City: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

PARTICIPATING SYNAGOGUE send completed forms to [giftofisrael@jewishmiami.org](mailto:giftofisrael@jewishmiami.org) to complete processing.

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