

Donna Klein Jewish Academy
Eighth Grade Israel Trip 2023

HOME HOSPITALITY SHABBAT

Friday, April 21 (early afternoon) - Sunday, April 23 (morning)

Student's Name _____

Parents: Please choose either option A or B below and complete the required information for your choice.

 A. I DO have family and/or friends in Israel that will host my child(ren) over the free Shabbat. They will stay with family/friends on Friday night, April 21 and will return to the hotel Sunday morning, April 23. I understand that I am responsible for all costs and transportation associated with this stay.

Name of host: _____ Relationship: _____

Address: _____ City: _____

Cell Phone: _____

Email: _____

Notes: _____

My family/friends have agreed to host the following children, with the permission of their parent(s) or guardian(s):

Name of my child's guest(s): _____

In the event that DKJA needs to place additional students for Shabbat, my family/friends are willing to house an additional # students.

 B. I DO NOT have family and/or friends in Israel that will host my child(ren) over the free Shabbat.

- I permit DKJA to arrange a hospitality arrangement with another member(s) of the class.
- I choose to have my child stay with a chaperone at the hotel facility. I understand that I am responsible for all costs associated with this stay. (\$400 for 2 nights' accommodations & full board.)

All applicable parents/guardians must sign this form below.

Parent/Guardian Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____