

CUTY Membership Form

CHAMPAIGN URBANA TEMPLE YOUTH

Participant Name: _____

Address: _____

City, State, Zip: _____

Home phone: _____

Cell phone: _____

E-mail: _____

School/grade: _____

Religious school grade: _____

Parents' names: _____

Parents' daytime phone/s: _____

.....
Parents' e-mail: _____

I permit my child to participate in youth activities sponsored by Sinai Temple. Enclosed please find a check in the amount of \$36 (Sinai Members) or \$45 (non-members) for dues, along with a voluntary contribution of _____ to help support the youth of Sinai Temple.

Parent's signature

Please return this form along with your check to the Youth Group Advisor or Temple Educator.