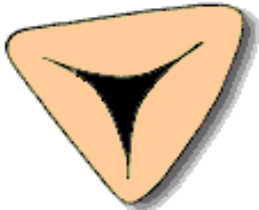


Mishloach Manot Delivery



When? Sunday, February 28

Who? Jr. Group (gr. 5-7) 5: 00-6:15 pm

Sr. Group (gr. 8-12) 6:30-8:00 pm

What? Join us in doing a Purim Mitzvah* that'll

make your gragger rattle and your heart sing. We will meet at BAS in order to deliver BAS Mishloach Manot

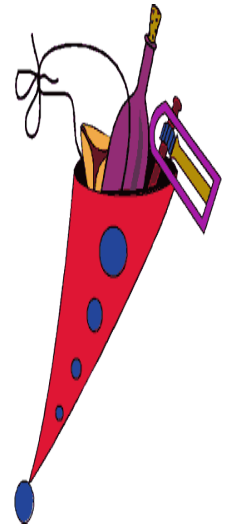
bags to people in need. We need parent volunteers to transport us that evening. This activity qualifies for 'Peulot Points'.

Interested? Email [Tami Schoen](mailto:Tami.Schoen) by Feb. 23 to register.

Don't forget to bring your signed permission form!

For more info and to sign up email tami@betamshalom.org or call 946-8851 ext. 104.

*The 4 mitzvot of Purim are: hearing the Megillah of Esther being read, having a festive meal, giving gifts to the poor and mishloach manot to friends and family.



Bet Am Shalom Synagogue
295 Soundview Avenue
White Plains, NY 10606
Telephone: (914) 946-8851
Fax: (914) 946-0925

Release, Waiver & Indemnity Agreement

I hereby permit my child, _____ (PRINT NAME OF MINOR), to participate in:

NOAR Mishloach Manot Delivery in White Plains, NY

I will allow _____ (PRINT NAME OF MINOR), who I am informed has a valid driver's license, to drive my child _____ to the activity.

I hereby allow my child _____, who has a valid driver's license, to drive other participants.

In consideration of permitting my child to be transported as described above and to engage in the above activity, the undersigned parent and/or guardian **hereby voluntarily and absolutely releases, discharges, waives and relinquishes any and all loss or damages or actions or causes of action against Bet Am Shalom, its officers, agents, employees, directors and volunteers for personal injury, property damage or wrongful death occurring as a result of my child's participation in such transportation and activities.**

The undersigned parent or guardian represent that he/she has read this Release and is fully aware of and understands the terms and the legal consequences of the signing of this Release. The undersigned parent or legal guardian intends his or her signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

Signature of parent/guardian: _____

Date: _____

Cell Phone: _____

For: _____ (PRINT NAME OF MINOR)