

New York Metropolitan Region

UNITED SYNAGOGUE YOUTH

DEPARTMENT OF YOUTH ACTIVITIES

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September 2008

Dear Koach USYer:

Attached is your application for our Fall Divisional Kinnus, November 14-16, 2008 at Bet Torah, Mt. Kisco. A Kinnus is a weekend away with other USYers from Rockland, Westchester, Orange, Putnam and Greenwich, CT. It is held at a local synagogue where USYer's stay in groups of 3-6 in host homes throughout the community. You will get a chance to meet new people and experience Shabbat the USY way. We begin our weekend with registration on Friday at approximately 1:00pm. Our weekend consists of a full Shabbat program including services, discussions, Ruach and Havdallah. We continue on Saturday night with a dance and a fund raising program. After a creative program Sunday morning, the weekend comes to an end at 12:00pm.

For many of you this will be your first Kinnus, as well as a new way to experience Shabbat. We ask that you come and actively participate in the "Ruach" and the total program that is being offered. Only then will you truly begin to understand what USY is all about. If you are capable of leading a part of the service, or wish to participate in some meaningful way, please mail in your application **early** and make all notations in the "ritual" section on your three-part application form.

You must enclose a self-addressed, stamped, #10 Envelope, to be sure of a response from the Kinnus Chair people. Send the envelope and information page to Bruce Varon and send the three-part application and check to Bet Torah, Mt. Kisco.

Kinnus is a social and educational program. Shabbat is a significant part of our Kinnus experience and we ask that you dress accordingly to honor Shabbat (i.e. Boys: dress slacks, tie and jacket. Girls: dresses or skirts). **JEANS AND T-SHIRTS ARE NOT TO BE WORN ON SHABBAT**. Each USYer will be expected to attend all activities and programs during Kinnus from orientation on Friday to the conclusion on Sunday. Bet Torah, Mt. Kisco has arranged home hospitality. Changes may not be made without consent of Tal Ben-Yehuda and Bruce Varon.

I look forward to greeting each of you on November 14th.

Please note, no one is allowed to visit anytime during the weekend, as per policy.

Sincerely,

Bruce Varon
Koach USY Divisional Director

This Kinnus is open to all members of the Koach Division. If you are not part of the Koach Division and wish to attend, you may do so only if you attend your own Division's Fall Kinnus and receive permission from the Divisional Director.

USY KOACH DIVISION * METNY REGION
Fall Divisional Kinnus * Nov. 14-16, 2008 * Bet Torah, Mt. Kisco
INFORMATION PAGE

SEND THIS PAGE AND A SELF ADDRESSED STAMPED, #10 ENVELOPE TO:
Bruce Varon/6 Marion Court/ New City, NY 10956

*All applications received after Nov. 1st will be put on a waiting list. **NO REFUNDS** will be given after Nov. 1st.*

NAME _____ PHONE (_____) - _____ - _____

ADDRESS _____ CITY _____ ZIP _____

Please Circle: M/F GRADE _____ AGE _____ CHAPTER (synagogue) _____

EMAIL _____ @ _____ Are you a new USYer? Yes _____ No _____

How many Divisional events have you been to (approximately) since you were a USYer? _____

Please designate the number of years of Jewish education you have experienced _____

KINNUS TRANSPORTATION:

Do you require busing from Rockland County? Yes ___ No ___ Westchester County? Yes ___ No ___ Bussing is provided at an additional cost of \$20.00 for the round trip Friday and Sunday. If you require bussing, please enclose the cost with your Kinnus payment. The bus will leave from New City Jewish Center for (Rockland and Orange USYers) at 12:45pm and return at approximately 1:00pm on Sunday. The Westchester bus times will be decided once all applications have been processed. Please note that a Westchester bus (leaving from Beth El, New Rochelle) will only be provided if numbers warrant.

CODE OF CONDUCT:

Metny Region USY regulations do not permit a USYer to drive during any part of the Kinnus, nor shall "house parties" be allowed by hosting USYers. As a reminder, drugs and alcohol will simply not be stood for. Anybody caught stealing, with drugs and/or alcohol in their possession will be sent home. Any USYers found not abiding by these rules will not be permitted to attend future Divisional, Regional and International programs and will be sent home during the course of the weekend.

Anyone who violates this Code shall be subject to disciplinary consequences, including, but not limited to, being sent home at the expense of the violating USYer or staff member (or his/her parent/guardian), monetary payment for personal and/or property damages and suspension from future USY events. The event director reserves the right to enforce these and any other behavioral rules, and impose additional sanctions with respect to behavior that would otherwise affect the integrity of the USY event and/or health and welfare of its participants and staff.

In the event a participant violates the National Youth Commission regarding drug/alcohol abuse or any other criminal offense (including but not limited to shoplifting), punishment for that offense will include suspension from International USY events/activities (including but not limited to International USY Convention and USY Summer Programs) for one year following the infraction. The METNY Region reserves the right to impose additional sanctions in connection with this or any other improper behavior as it sees fit.

METNY Region reserves the right to search the room and belongs of any attendee of any USY event or activity if it has reasonable grounds to believe that such a search is necessary to secure the health, safety, and/or welfare of the program and/or its participants. The event director in consultation with the Regional Youth Director will make judgments in such situations. METNY reserves the right to enforce other rules relating to the integrity of its programs and/or health, safety, or welfare of its participants.

ALL ATTENDEES MUST ARRIVE BEFORE THE BEGINNING OF SHABBAT.

USYer Signature _____ Parent Signature _____

Youth Director Signature _____

PARENT CONSENT FOR EMERGENCY MEDICAL TREATMENT:

(To be used only if parent or other listed person cannot be contacted)

NO APPLICATION WILL BE ACCEPTED WITHOUT COMPLETED CONSENT FORM AND SIGNATURE

We the undersigned parents/guardians of _____ do hereby authorize the Youth Department staff members of Bet Torah, Mt. Kisco, to act as our agents to consent to any medical or surgical diagnosis and/or treatment of hospital care deemed advisable by a duly licensed physician in the event such help of an emergency nature become necessary. In no event will the Bet Torah, Mt. Kisco officers, Youth Department staff or agents be held liable for any first aid or surgical procedures performed pursuant to this consent.

Parent/Guardian Signature _____ Date ____/____/2008

MEDICAL INSURANCE COMPANY AND POLICY NUMBER: _____

Other than parents/guardian, who should be contacted in the event of an emergency?

Name _____ Address _____

Phone _____ Cell Phone _____ Relation to USYer _____

USY KOACH DIVISION * METNY REGION
Fall Divisional Kinnus * Nov. 14-16, 2008 * Bet Torah, Mt. Kisco
APPLICATION FORM

SEND THIS PAGE WITH PAYMENT TO:
Bet Torah, Mt. Kisco/ 60 Smith Ave Mt. Kisco, NY 10549/ Att: USY Kinnus

Application Deadline: November 1, 2008

*All applications received after Nov. 1st will be put on a waiting list. **NO REFUNDS** will be given after Nov. 1st.*

Please put your name on all three parts of the application.

NAME _____ PHONE (_____) - _____ - _____

ADDRESS _____ CITY _____ ZIP _____

Please Circle: Male/Female GRADE _____ AGE _____ CHAPTER (synagogue) _____

EMAIL _____ Do you require a vegetarian meal? Yes _____ No _____

Do you require busing from: Rockland County? Yes _____ No _____ Westchester County? Yes _____ No _____

Kinnus Event Costs: Kinnus = \$65.00 Kinnus & Bussing = \$85.00 Donation = \$ _____

Enclosed is a check (made payable to Bet Torah) for \$ _____ to cover the cost for Kinnus and bussing (if applicable). I have also included an additional \$ _____ as a donation to the **KOACH USY Scholarship Fund**. All donations received help USYers attend various programming throughout the year. **Your generosity is very much appreciated.**

HOUSING

YOUR NAME _____ PHONE (_____) - _____ - _____

Please Circle: Male/Female GRADE _____ AGE _____ CHAPTER (synagogue) _____

I would like to stay in a home with the following USYers: **THREE REQUESTS ONLY, WE WILL TRY AND ACCOMODATE.**

1. _____
2. _____
3. _____

Do you have any allergies? _____ If yes, which one(s) _____

Do you require to be housed within walking distance of the Synagogue? Yes _____ No _____

RITUAL

NAME _____ PHONE (_____) - _____ - _____

E-Mail Address _____ @ _____

Please circle those which you can lead:

Mincha Weekday Kabbalat Shabbat Shacharit of Shabbat Musaf Shabbat Mincha Shabbat

Shabbat Ma'ariv Shacharit Weekday Haftorah Torah Reading English Reading

Would you like an Aliyah? _____ If so, are you a: Cohen _____ Levi _____ Israelite _____

Note: All Gentlemen MUST bring a Tallis, Tefillin and a Kipah.