E-Mail Print

Congregation Chaverim
5901 E. Second Street
Tucson, AZ 85711
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Chavurot Registration for 2008-9/5769

Adult Name 1_____Adult Name 2_____

Address_____ City, State, Zip_____

Phone #_____ Email addresses_____

Children: Name	Ages	Grade	School
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you ever been in a *Chavurah* before? Yes___ No___ If yes, where?_____

Which of the following activities would you enjoy doing with your Chavurah?

___Celebrate Shabbat & holidays ___Expand Jewish knowledge ___Attend theater & arts events

___Create an extended family ___Community service projects ___Participate in outdoor activities

___ Interfaith couple/family ___Socialize over dinner or evening out ___Child-friendly activities

___Be a part of a Jewish community ___Singles activities, please specify group: ___under 30 ___30-45 ___ 45-65 ___Over 65

___Other, Please specify_____

Please indicate the group of people you would most like to be with:

___Couples about the same age ___Couples of various ages ___Empty nesters

___Singles about the same age ___Singles of various ages ___Couples & singles about the same age

___Couples & singles of various ages ___Couples/families with children about the same age

___Retired couples ___Other_____

Would you be willing to be the volunteer coordinator for your Chavurah (serve as a liaison between your group and the Education Director)?_____

Is there anything else you can tell us that would help us place you in a Chavurah that matches your needs & interests?_____

_____

Are there other Chaverim congregants with whom you would like to be included? (if they are interested in Chavurah membership)_____