

# SCOOBY DUES!!!

Sinai Congregation of Outer Boston Youth

\$26.00 – Please Make Checks Payable to Temple Sinai Youth Group

Name of SCOOBY Member: \_\_\_\_\_

Grade in School: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

SCOOBY Member Cell Phone: \_\_\_\_\_

SCOOBY Member Email Address: \_\_\_\_\_

Parent Address (if different from above): \_\_\_\_\_

Parent Home Phone: \_\_\_\_\_

Parent Work Phone: \_\_\_\_\_

Parent Cell Phone: \_\_\_\_\_

Emergency Contact (include relationship): \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_

## Medical Information

Doctor Name: \_\_\_\_\_

Doctor Phone Number: \_\_\_\_\_

Doctor Address: \_\_\_\_\_

Health Insurance: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Allergies: \_\_\_\_\_

Special Medicaitons: \_\_\_\_\_

Other Information: \_\_\_\_\_

Questions? Concerns? Please Contact:

Molly Lourie, SCOOBY Advisor: 617.429.9868 or [mrlourie@hotmail.com](mailto:mrlourie@hotmail.com)

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