

# Eimatai Leadership Development Conference

## *Student Application*

### Personal Information:

#### 1. Name:

\_\_\_\_\_  Male  Female  
 (Last) (First) (Middle)

#### 2. Address:

\_\_\_\_\_

(Street)

\_\_\_\_\_

(City)

(State)

(Zip Code)

\_\_\_\_\_

(Telephone or Cell Phone)

(Email)

#### 3. School:

#### Date Of Birth

\_\_\_\_\_

(Name of School and Year in School)

### Emergency Medical Information:

#### a. Family Contact

\_\_\_\_\_

(Parent/Guardian Name)

(Telephone)

(Email)

\_\_\_\_\_

(Parent/Guardian Name)

(Telephone)

(Email)

#### b. Emergency Contact

\_\_\_\_\_

(Full Name)

(Relationship)

(Telephone)

#### c. Insurance Information

\_\_\_\_\_

(Provider)

(Number)

#### d. Medical concerns and Allergies

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#### e. Food Preferences

Vegetarian  Vegan  Other \_\_\_\_\_



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### Student Participation:

I am interested in adding to the program in the following ways:

- Give a Dvar Torah at a meal
- Tell a story at the kumzits
- Lead Davening (men)
- Read from the Torah (men)
- Lead Bentching (men)
- I would like to contribute some other way \_\_\_\_\_

**Please send this in to the Eimatai office ASAP:**

**Fax:** 212-923-3745

**Email:** Eimatai@yu.edu

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 New York, NY 10033

