

September 10, 2007

Shalom Chaver/a T'nua,

I know you are all eagerly anticipating *Seminar Horef* (Winter Seminar) information. We are sending out this letter now so that you have plenty of time to plan your Winter Break. *Seminar Horef* is the movement's largest seminar, an annual event that brings together all *chevrei t'nua* (movement members) from post-MBI and up. You are invited to join the Habonim Dror family for this unique opportunity to reunite with your old friends, make new ones and actively engage with the movement and its new direction.

Along with our regular Winter Seminar activities we will be holding Habonim Dror North America's 15<sup>th</sup> **Veida** (decision making forum). Participating in Veida is your opportunity to chart the course of the movement's future and to elect the next Mazkir/a through a democratic process. We encourage you to visit the Veida archives (<http://www.habonimdror.org/about/veida/>) to learn how proposals are written and to review past resolutions.

*Seminar Horef will be taking place at the Pearlstone Conference and Retreat Center located in Reisterstown, MD from December 21st-27th, 2007.* The Seminar will be divided into Pre-Madatz, Pre-Workshop and Ma'apilim *kvutzot* (groups), as well as groupings by Eizor/Machaneh. Some *peulot* (activities) will run concurrently while others will be reserved for movement-wide *chinuch and kef*.

*The cost of Winter Seminar is as follows:*

	<i>For Americans:</i>	<i>For Canadians:</i>
<i>Pre Madatz (grade 11)</i>	<i>\$500 us</i>	<i>\$425 us</i>
<i>Pre Workshop (grade 12)</i>	<i>\$500 us</i>	<i>\$425 us</i>
<i>Ma'apilim (post high school)</i>	<i>\$375 us</i>	<i>\$325 us</i>
<i>Ma'apilim Winter Seminar and Mifgash package</i>		<i>TBA</i>

This total price includes food, accommodation and round trip transportation from your city of origin. As with all Habonim Dror national events and programs, we are implementing a travel *kupa* (communal fund) so that all participants share equally the financial cost of bringing in *chaverim* from across the continent. For your convenience, we are now accepting **Visa** and **Master** Cards (to accept credit card payments we require an additional 2.6% of the total cost to cover the processing fee). Please fill out the credit card information or make checks payable (in US funds) to **Habonim Dror North America** and mail them to:

**Habonim Dror North America**  
**114 West 26<sup>th</sup> St. Suite 1004**  
**New York, N.Y., 10001**  
**U.S.A.**

If paying by **VISA** or **MASTER** card

Card # \_\_\_\_\_ Expiration Date (MM/YY) \_\_\_\_\_

Name on Card: \_\_\_\_\_

We will be offering scholarships on the basis of need. For more information please contact Kenan Jaffe at 212-255-1796 or [money@habonimdror.org](mailto:money@habonimdror.org).

If you wish to attend *Seminar Horef/Veida*, please let us know as soon as possible. Under the best of circumstances, air travel is expensive. **The deadline for registration for “Seminar Horef” is November 2, 2007.** Anyone applying for the seminar after this date **WILL NOT BE GUARANTEED ATTENDANCE**. Additionally, those who apply late and are able to come will be charged a **late fee of \$100 and the additional cost of your ticket.** By this date, we must have your travel request form, a photocopy of your ISIC or student card, medical forms and a completed permission/registration form. **By November 2, 2007 all payments must be complete.**

In case of an **emergency** during the dates of the seminar a member of the central office can be contacted at 917-822-2330.

**The 7th Annual Mifgash in Israel** is a program for college-aged movement members and will be most likely be from December 29<sup>th</sup> to January 9<sup>th</sup>. The Mifgash is a highly subsidized program, and once again a package deal with Winter Seminar will be offered. The final dates of Mifgash, its cost and the cost of the Ma’apilim Winter Seminar and Mifgash package is TBA. This unique, movement-oriented program offers Ma’apilim the opportunity to experience Israel on a deep and meaningful level and to explore the new direction of the movement. As senior members and leaders of HDNA, you will be provided with a program built specifically for you. All Ma’apilim are encouraged to apply, even if you have participated in a past Mifgash or are a recent Workshop graduate. We are building a multi-layered Tochnit consisting of new programming that will cater to the interests of all. Forms will be available online soon at [www.habonimdror.org](http://www.habonimdror.org). If you have any questions regarding the Mifgash don’t hesitate to call. As with all Israel programs that Habonim Dror offers, safety and security are of the utmost concern to us.

Are you a part of the movement’s listserv? [hdna@yahoogroups.com](mailto:hdna@yahoogroups.com) is the official Habonim Dror North America online discussion forum. If you want to be a part of the excitement, send an email to [hdna-subscribe@yahoogroups.com](mailto:hdna-subscribe@yahoogroups.com)

Aleh v’Hagshem

The Mazkirut Artzit

## WINTER SEMINAR TRAVEL REQUEST FORM

<b>Name:</b> _____ Note: We need the <i>exact</i> spelling of your name as it appears on your passport.	
<b>Phone:</b> (____) _____	<b>E-mail:</b> _____
<b>Date of Birth:</b> ____/____/____ <b>ISIC #</b> (If you have): _____	
<b>Non Air Travel-</b> Will arrange my own (please indicate how you will be traveling) _____ Need it arranged (indicate city of origin) _____	
<b>Home Airport- 1<sup>st</sup> Choice:</b> _____ <b>2<sup>nd</sup> Choice:</b> _____ (this refers to the closest international airport to your house)	

**Winter Seminar is on December 21<sup>th</sup>-27<sup>th</sup>; please indicate your *shichvah* (age group):**

- PRE MADATZ** (grade 11)
- PRE WORKSHOP** (grade 12)
- MA'APILIM** (post high school)

*If you are a Ma'apil/a (post high school) please indicate what workshop you were on (or would have been on) WKSP # \_\_\_\_\_*

<b>Please check off any dietary restrictions that apply:</b>			
<input type="checkbox"/> vegetarian	<input type="checkbox"/> kosher	<input type="checkbox"/> vegan	<input type="checkbox"/> lactose intolerant
<input type="checkbox"/> other (please describe) _____			

<b>Do you wish to change your travel dates from the ones listed above?</b>	
<input type="checkbox"/> <b>Yes (complete the next question)</b>	
<input type="checkbox"/> <b>No (skip the next question)</b>	
<b>Departure date:</b> _____	<b>Return date:</b> _____
<b>You will be responsible for covering any additional costs that may result from these arrangements. We will try our best to accommodate your travel wishes.</b>	

If you would like to order a Habonim Dror chultzat t'nua that you can pick up at the seminar, please indicate this in the space below and include an additional \$15 with your payment. Please also indicate if you want size Small, Medium, Large, or X-Large.

Our Gizbar, Kenan Jaffe, is coordinating transportation for Seminar Horef. Please get this form to him ASAP, and at the latest by November 2, 2007. Please mail it to the address given above or e-mail it to him ([money@habonimdror.org](mailto:money@habonimdror.org)) if you can. The cost of Seminar includes round trip transportation from your city of origin, on the seminar dates (December 21st-27<sup>th</sup>, 2007). We will do our best to accommodate your specific travel needs, but you will be responsible for covering any additional costs that may result from these arrangements. Habonim Dror is not responsible for participants or their transportation beyond the dates of the seminar. If you have any questions please feel free to contact Kenan. The prices for Winter Seminar are based on the *kupa* system and are not determined by the distance traveled to the seminar. We will not make exceptions or change prices for participants living closer to the seminar site.

In an attempt to save money, some flights may be connecting and not all participants from the same city are guaranteed to be on the same flights. We are also going to be purchasing as many tickets as possible on a student discount. For this to work, we need a copy of a student card with photo ID. ***Please include a photocopy of your student card with your registration.*** If you have an ISIC (International Student Card) this is preferable; otherwise your regular student card is sufficient.

**Any changes or cancellations will be at the expense of the participant.**

I have read all of the above information and understand and accept all of the conditions.

Signature of Participant: \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian (if participant is under 18): \_\_\_\_\_ Date \_\_\_\_\_

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**PLEASE SEND THIS FORM, YOUR TRAVEL REQUEST FORM, A PHOTOCOPY OF YOUR STUDENT CARD, AND A CHECK OR CREDIT CARD PAYMENT NO LATER THAN NOVEMBER 2, 2007 TO:**  
**HABONIM DROR NORTH AMERICA**  
**114 WEST 26TH STREET, SUITE 1004, NEW YORK, NY 10001**  
**or email it to [money@habonimdror.org](mailto:money@habonimdror.org), phone (212) 255-1796 [www.habonimdror.org](http://www.habonimdror.org)**  
***There is a \$100 late fee for registration received after November 2, 2007 in addition to any extra travel costs associated with your ticket.***

**Habonim Dror North America**  
**Winter Seminar Health History Form**

\* A completed form is mandatory for participation in Winter Seminar

Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Gender \_\_\_\_\_ Age \_\_\_\_\_  
*Last First Initial*

Parent or Guardian \_\_\_\_\_ (H)Phone \_\_\_\_\_ (W)Phone \_\_\_\_\_

Home Address \_\_\_\_\_  
**Street & Number City**  
\_\_\_\_\_  
**State/ Province Zip Code/Postal Code Country**

If not available in an emergency, notify:

Name \_\_\_\_\_ Relation \_\_\_\_\_ (H)Phone \_\_\_\_\_ (W)Phone \_\_\_\_\_

**Please check all that apply**

<b>Allergies</b>
_____ Hay Fever
_____ Insect Stings- Please specify _____
_____ Drugs- Please specify _____
_____ Foods- Please identify which _____ _____
_____ Other- Please specify _____ _____

<b>Has your child ever experienced</b>
_____ Asthma
_____ Chicken pox
_____ Heart disease/defect
_____ Frequent fevers
_____ Frequent nose bleeds
_____ High Blood Pressure
_____ Frequent ear infections
_____ Bleeding that won't stop
_____ Fainting Spells
_____ Epilepsy/ Convulsions
_____ Diabetes

If you checked any of the above please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Have you had any serious illnesses or accidents, please describe: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Have you ever been hospitalized, please describe: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
Have you ever had an operation, please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you on any medications, list all including dosages: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any additional comments or concerns that you have about your medical condition: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Dentist/ Orthodontist \_\_\_\_\_ Phone \_\_\_\_\_

Name of Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Health Insurance Carrier \_\_\_\_\_ Policy # \_\_\_\_\_

**Note:** Please attach a copy of your immunization records and a copy, front and back, of your medical insurance card.

This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed seminar activities, except as noted. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by Habonim Dror North America to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child as named above. Every effort will be made by Habonim Dror North America to immediately contact parents in the event of an emergency. Unless otherwise specified, Habonim Dror North America may administer over the counter drugs to your child if needed.

Signature of parent/guardian or adult participant: \_\_\_\_\_ Date: \_\_\_\_\_

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**Ma'apilim Registration Form**

*\* A completed form is mandatory for participation in Winter Seminar for ma'apilim  
(high school graduates only)*

Name \_\_\_\_\_ Shichva (Workshop #) \_\_\_\_\_  
PermanentAddress: \_\_\_\_\_  
Phone: \_\_\_\_\_  
School Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Are you certified in First Aid? Y / N

Are you certified in CPR? Y / N

Are you an EMT? Y / N

\*If yes, please bring certification with you.

As with all Habonim Dror activities, I understand that use or possession of alcohol or illegal drugs will result in immediate removal from the seminar and expulsion from HDNA for one year. Any extra costs will be incurred at my expense.

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

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**Pre-Madatz and Pre-Workshop Permission Form**

***Note: A completed form is mandatory for participation at the seminar***

I give permission for my child/ren \_\_\_\_\_ to attend the Habonim Dror North America (HDNA) Winter Seminar from December 22-27, 2007. I understand that Habonim Dror will provide supervision during the program and that HDNA is not responsible for my child/ren beyond the dates of the seminar.

If the need arises, I give permission for Habonim Dror staff members to acquire medical attention at my expense for my child/ren. Habonim Dror will make every effort to notify me in the event of an emergency.

*As with all Habonim Dror activities, I understand that the use of any illegal drugs or alcohol, or any destructive behavior, will be grounds for immediate removal of my child/ren from the seminar. Any extra costs will be at my expense.*

In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by HDNA to secure and administer treatment, including hospitalization for my child.

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

As with all Habonim Dror activities, I understand that use or possession of alcohol or illegal drugs will result in immediate removal from the seminar and expulsion from HDNA for one year.

Signature of participant: \_\_\_\_\_ Date: \_\_\_\_\_

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***fax it to (212) 929-3459***

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