

New York Metropolitan Region

UNITED SYNAGOGUE YOUTH DEPARTMENT OF YOUTH ACTIVITIES

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Sept. 2006

Dear Koach USYer:

Attached is your application form for our Fall Divisional Kinnus, Nov. 10-12 at Temple Sholom, Greenwich, CT. For those of you that are not familiar with what a Kinnus is - it is a weekend away with other USYers from Rockland, Westchester, Orange, Putnam, Riverdale and Greenwich, CT. It is held at a local synagogue, where the hosting chapter will house you. You will get a chance to meet new people and experience a Sabbath the USY way. We begin our weekend at approx. 2:00 p.m. with registration on Friday. 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 12:00 p.m.

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, also send the three-part application and check to Temple Sholom, Greenwich.

A 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 of the Kinnus from orientation on Friday to the conclusion on Sunday. Temple Sholom has arranged home hospitality. Changes may not be made without consent of Ben Lewis and Bruce Varon.

I look forward to greeting each of you on Nov. 10.

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. 10-12, 2006 * Temple Sholom, Greenwich, CT
INFORMATION PAGE

NAME _____ PHONE (_____) - ____ - _____

ADDRESS _____

CITY _____ ZIP _____ AGE _____ Do you require a Vegetarian meal? _____

SEX _____ GRADE _____ CHAPTER (synagogue) _____

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

E-mail _____@_____. Are you a new USYer? Yes _____ No _____

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

1. **Send this page and a SELF ADDRESSED STAMPED #10 ENVELOPE to:** Bruce Varon
6 Marion Court
New City, NY 10956
2. All applications received after Nov. 1st will be put on a waiting list.
3. **NO REFUNDS** will be given on cancellations after Nov. 1st.

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.

Do you require busing from Rockland County? Yes___ No___ Westchester County? Yes___ No___

You can receive bussing at an additional cost of \$20.00 for the round trip Friday and Sunday. If so, please enclose it with the cost of the Kinnus.

The bus will leave from Nanuet Hebrew Center for **(Rockland and Orange USYer's)** at 12:45PM and return at approx. 1:00 on Sunday.

The Westchester bus times will be decided when all the apps. come in. I want to make sure we can accommodate as many USYer's on the bus a possible.

ALL ATTENDEES MUST ARRIVE BEFORE THE BEGINNING OF SHABBAT.

USYer's SIGNATURE _____ **PARENT'S SIGNATURE** _____

YOUTH DIRECTORS SIGNATURE _____

PARENT CONSENT FOR EMERGENCY MEDICAL TREATMENT
NO APPLICATIONS WILL BE ACCEPTED UNLESS THIS CONSENT FORM IS FILLED OUT AND SIGNED

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

We the undersigned parents/guardians of _____ do hereby authorize the Youth Department staff members of, Temple Sholom, Greenwich, CT 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 Temple Sholom, Greenwich, CT 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 ___/___/2006

MEDICAL INSURANCE COMPANY AND POLICY NUMBER: _____

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

PLEASE LIST Name _____

Address _____

Telephone (_____) - _____ - _____

Relation to USYer _____

USY KOACH DIVISION * METNY REGION
Fall Divisional Kinnus * Nov. 10-12, 2006 * Temple Sholom, Greenwich, CT
APPLICATION FORM

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

NAME _____ PHONE (_____) - _____ - _____

ADDRESS _____ CITY _____ ZIP _____

AGE _____ SEX _____ GRADE _____ CHAPTER _____

Do you require vegetarian meals? _____ E-Mail Address _____@_____.

Cost per USYer \$55.00. Application Deadline: **Nov. 1st**.
NO REFUNDS WILL BE MADE AFTER Nov. 1st.

ENCLOSED AMOUNT

Check one:

- Kinnus \$55.00**
 Kinnus & Bus \$75.00

Make checks payable and send this Page with your check to;

Temple Sholom
300 East Putnam Ave
Greenwich, CT 06830
Attention: USY Kinnus

Do you require busing from:

Rockland County? Yes _____ No _____
Upper Westchester County? Yes _____ No _____

HOUSING

YOUR NAME _____ PHONE (_____) - _____ - _____

AGE _____ SEX _____ GRADE _____ CHAPTER _____

Three housing requests only, we will TRY to honor (USYers you would like to have stay at your home):

1) _____ 3) _____

2) _____

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

Do you require to be housed within walking distance of the Synagogue? _____

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.

Do you prefer a: Traditional Service _____ Egalitarian Service _____