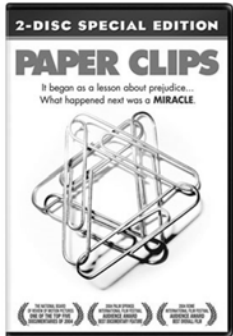


**Adat Shalom Presents:**

# **A once in a lifetime trip to see the Paper Clip project**

at the Children's Holocaust Museum in Whitwell, Tennessee



**Thursday, March 12 to Sunday, March 15**

**8<sup>th</sup> to 12<sup>th</sup> grades**

*the trip is open to the community*

In 1998, 8<sup>th</sup> graders in the small town of Whitwell, Tennessee, nestled in a little rural valley in the Smoky Mountains, created a monument to commemorate Jewish victims of the Holocaust. Their project was inspired by a historical lesson involving Norwegians who wore paper clips on their lapels as a statement of protest against the Nazis.



## **Trip Details:**

- Thursday: fly to Nashville in the evening and stay at a hotel.
- Friday: have a private guided tour of the Paper Clip Project by students at Whitwell Middle school. More information visit [www.oneclipatatime.org](http://www.oneclipatatime.org)
- Celebrate Shabbat at B'nai Zion Congregation including Friday night home hospitality provided by members of B'nai Zion in Chattanooga (Members will host at least two teens in each home).
- Saturday Night: Stay at a hotel in Chattanooga and have a mystery social event with teens from B'nai Zion.
- Sunday: Tour Chattanooga, drive to Nashville and return to Detroit at 7:10 pm

## **Chaperones:**

- Rabbi Rachel Shere, Jodi Gross and college students that attended the original Adat Shalom's Paper Clips trip in 2007.

## **Trip Fee:**

- Thanks to a generous member of Adat Shalom, the fee is \$200 for Adat Shalom teens and \$600 for non-members. If you are in need of financial assistance, contact Jodi.
- The fee includes: airfare, hotels, transportation in TN, activities & most meals.

## **Questions or to reserve a spot:**

- contact Jodi Gross, Associate Director of Education & Youth, 248-626-2153 or [jgross@adatshalom.org](mailto:jgross@adatshalom.org)

**Reserve a spot today. Space is limited**



December 15, 2014

Shalom Parents,

As you may know, one of our goals is to provide your teen many opportunities to create memories that will last a lifetime. A trip to experience the Children's Holocaust Museum & Paperclip project in Whitwell, Tennessee will be an incredible weekend that will give your teen the chance to hang out with their friends, make new friends, volunteer, enhance their Jewish identity, and have an overall amazing adventure.

**Reserve a spot for your teen today. Space is limited.**

Thanks to a generous donor, this trip is highly subsidized for members of Adat Shalom. The full cost of the trip is \$600.00. If you are in need of financial assistance, contact Jodi Gross. The trip must be paid in full by **Monday, February 9.**

- **Fee for Adat Shalom members is \$200**
  - A deposit of \$100 is due on Monday, January 12
- **Fee for non-members is \$600**
  - A deposit of \$300 is due on Monday, January 12

**Trip Fee includes:** airfare, hotels, coach bus transportation in TN, activities & most meals (Students are responsible for buying lunch on Friday and Sunday).

**Pre – Trip Preparation Program:**

We strongly encourage students to attend a five week Paper Clip Trip class on Monday nights from February, 23 and March 2, 9, 16, and 23, from 7:10 to 8:00 p.m. at Adat Shalom. This program will prepare teens for the trip and give them an opportunity to come together after the trip.

**Parent/Teen Informational Meeting:**

Please join us at a parent meeting on **Monday, March 2 at 7:10 p.m. at Adat Shalom** to receive the itinerary, transportation information, packing list, contact information and other useful information.

**Cancellation policy:** If you cancel after February 9, you will be responsible for paying the cost of the airline ticket in the amount of \$200 (members) or \$330 (non-members) or transferring the ticket to a teen that is on the waiting list.

If you have specific questions, feel free to contact me at 248-626-2153 or [jgross@adatshalom.org](mailto:jgross@adatshalom.org).

L'Shalom,



Rabbi Rachel Shere



Jodi Gross, MAJEd, MAJCS  
Associate Director Education & Youth

**Paper clip trip registration (page 1)**

Student's Name\* (as you want it to appear on the airline ticket) \_\_\_\_\_

Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_ School \_\_\_\_\_

Student's cell # \_\_\_\_\_ Student's E-mail: \_\_\_\_\_

\*Are you on facebook? Yes No Parent's email \_\_\_\_\_

Parent's names \_\_\_\_\_ Home phone \_\_\_\_\_

Parent's cell # \_\_\_\_\_ Parent's cell # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

**TRIP FEE: \$200 (Adat Shalom members) \$600 (non-members)**

■ **Your deposit is due on Monday, January 12**

■ **Your balance must be full by Monday, February 9**

\_\_\_ Enclosed is a check (payable to Adat Shalom Synagogue) in the amount of \$ \_\_\_\_\_

\_\_\_ Charge the deposit on the credit card number below, in the amount of \$ \_\_\_\_\_

\_\_\_ Charge the full amount on the credit card number below, in the amount of \$ \_\_\_\_\_

Name on the Credit Card \_\_\_\_\_ Expiration \_\_\_/\_\_\_ Security Code \_\_\_\_\_

Card Number \_\_\_\_\_ Signature \_\_\_\_\_

**EMERGENCY AND MEDICAL INFORMATION**

Please indicate an alternate contact in the event parents are unavailable:

Name \_\_\_\_\_ Relationship: \_\_\_\_\_ Cell phone: \_\_\_\_\_

**MEDICAL INFORMATION**

Does your teen have any illnesses or chronic conditions of which school personnel need to be aware (i.e., asthma, dietary restrictions, allergies, ADD/ADHD, hearing, vision, speech)? If yes, please list:

\_\_\_\_\_

\_\_\_\_\_

Is your teen taking any medications? If yes, please list: \_\_\_\_\_

\_\_\_\_\_

**INSURANCE PROVIDER \_\_\_\_\_ POLICY NUMBER \_\_\_\_\_**

*In case of injury or illness while your teen is at school or a program, every effort will be made to contact the parent/guardian or emergency contact. The following instructions will remain in force for the trip unless revoked in writing by the parent/guardian: I give permission to the staff of Adat Shalom to administer first aid to my child during the trip. In case of a medical emergency, I authorize the staff of Adat Shalom to obtain emergency medical and/or emergency surgical treatment for my child.*

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_

Paper clip trip registration (page 2)

**BRIT KAVOD: STUDENT BEHAVIOR AGREEMENT**

*Parent(s) & student(s) please read the following rules carefully:*

It is your responsibility to understand these rules and follow them during the Trip. We ask that both the parents and the student read and sign the following statements to assure that you have read them.

- I understand that no non-prescription drugs or alcoholic beverages will be permitted (All prescription drugs must be listed on a teen's application by their parents.)
- I understand that I must remain in my assigned room after lights out.
- I understand that I must attend and participate in the entire trip.
- I understand that I must not leave the hotel property or activity locations without staff permission.

**I will comply with all of the above statements. If I do not comply with any one or more of these statements, I understand that my parents will be called immediately and disciplinary action may be taken.**

\_\_\_\_\_  
Teen participant's signature

\_\_\_\_\_  
Parent's signature

\_\_\_\_\_  
Date

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**Rooming Request form:**

Write up to two friends that you would like to room with on the trip. We can only guarantee that you will room with at least one of your friends.

**Names of your friends:** \_\_\_\_\_

**Reserve your spot TODAY, Space is limited.**

**Your deposit is due on Monday, January 12**