



**Parents Registration Form for the
Mitzvah Badge**

Childs Name: _____ Boy Girl

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ School: _____

Date of Birth: _____ (T.H. Serial # _____)

(Parents) Email Address: _____

I hereby confirm that my child _____ has
Childs Name
 completed Level (1) (2) (3) of the _____ Badge.
Mitzvah Badge Name

 Parent's Signature

Complete this form and Mail or fax it to Tzivos Hashem. Remember to send it together with the filled out record card.

Please include \$2.00 to cover shipping costs. You can send a check or charge your Credit Card.

Credit Card Info

AMEX VISA MC DSCVR Credit Card # _____

Exp. _____ Name on Card: _____ Security # _____

Please copy this form for each child or badge.



Tzivos Hashem Headquarters
 332 Kingston Ave.
 Brooklyn, NY 11367
 Tel. 718-467-6630
 Fax 718-467-8527