

BETH SHIR SHOLOM

1827 California Avenue Santa Monica, California 90403
310-453-3361 FAX 310-453-6827



Permission for use of pictures on Beth Shir Sholom Website

I _____, parent/guardian of _____
give Beth Shir Sholom permission to use photographs of my child as
he/she is engaged in activities on the premises of Temple Beth Shir
Sholom or on the Beth Shir Sholom website or other Temple
promotional materials for the 2010-2011 school year. I realize these
photographs are for promotional purposes and may appear on a regular
or intermittent basis.

I realize there is no compensation that is being paid for use of my
son/daughter's photograph on the website or other promotional
materials.

Beth Shir Sholom is a non-profit organization.

If you have any questions, please contact the Temple office
at (310) 453-3361.

Parent/Guardian Signature

Printed Name

Date

Please return the signed permission slip to the Religious School
Office. Thank you.

Neil Comess-Daniels
Rabbi

Ken Cohen
Cantor
Religious School Principal

Roselee Packham
Temple Manager

Cynthia Barzilai
Religious School Administrator
ECC Assistant Director

Marsha Newstat
Early Childhood Director

A Progressive
Reform Congregation