



# Camp Gan Israel

## Chabad of Charlotte County

### REGISTRATION FORM

(Please Print)

<b>For Office Use:</b>	
2-4	<input type="checkbox"/>
5-8	<input type="checkbox"/>
8-12	<input type="checkbox"/>

Today's date:	Early Bird: <input type="checkbox"/> Yes <input type="checkbox"/> No
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#### CAMPER INFORMATION

Camper's last name:	First:	Middle:	Age:	Grade Entering:
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Birth date: / /	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	
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Jewish Name:	Best way to contact: Email <input type="checkbox"/> Phone <input type="checkbox"/>
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Street address:	Home phone no.: (    )
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P.O. box:	City:	State:	ZIP Code:
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Mother/Guardian Name:	Phone no.: (    )	Other phone:
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Father/Guardian Name:	Phone no.: (    )	Other phone:
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#### REGISTRATION OPTIONS (please check all that apply)

Weeks offered	Yes/No	Before/After Care (circle days)	\$
Week 1: July 26 – July 30 <input type="checkbox"/> \$125	<input type="checkbox"/>	M Tu W Th F <input type="checkbox"/> \$100	
Week 2: Aug. 2 – Aug. 6 <input type="checkbox"/> \$125	<input type="checkbox"/>	M Tu W Th F <input type="checkbox"/> \$100	
Weeks 1 and 2: July 26 - Aug. 6 <input type="checkbox"/> \$225	<input type="checkbox"/>	M Tu W Th F <input type="checkbox"/> \$175	
		\$7 per hour charge per camper otherwise	
<b>Total:</b>			

