



Camp Gan Israel 5771/2011

Chabad of Charlotte County

REGISTRATION FORM

(Please Print)

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

Today's date:	
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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 5 – July 8 <input type="checkbox"/> \$125	<input type="checkbox"/>	M Tu W Th F	
Week 2: July 11 – July 15 <input type="checkbox"/> \$125	<input type="checkbox"/>	M Tu W Th F	
Weeks 1 and 2: July 5 – July 15 <input type="checkbox"/> \$225	<input type="checkbox"/>	M Tu W Th F	
		\$7 per hour charge per camper	
		Total:	

I have enclosed a non-refundable payment of \$_____ payable to *Chabad Charlotte County*.

Please charge \$_____ to my credit card: Visa MC Discover Check
Card number _____ Expiration Date ____ / ____ Security Code _____

Scholarship Request: Call 941-833-3381

ADDITIONAL EMERGENCY CONTACT OTHER THAN PARENT

Emergency Contact Name:	Relationship	Phone #1 ()	Phone #2 ()
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All other individuals authorized for pick up

Name: _____ Relationship: _____ Phone # _____

Name: _____ Relationship: _____ Phone # _____

Name: _____ Relationship: _____ Phone # _____

Parental Consent

I hereby permit my child to participate in all activities of Camp Gan Israel – on-site, off-site and trips. I understand that my child may be dismissed during a camp day, due to illness, at the discretion of the camp, and I agree to abide by the director's decision. The parent who signs this registration form represents that s/he has full authority to do so and will be responsible for payment of the camp fees.

Parent/Guardian signature: _____ *Date:* _____

Please Print and Mail to Chabad @ 415 Durrance St, Punta Gorda, FL 33950