



Camp Gan Israel - Orlando

Registration Form

Please complete the entire form and PRINT neatly

Camper Information				
Last Name	First Name	Jewish Name	DOB/Age	Gender
Home Address		School—Aug. 2010		Grade entering
City/State/Zip		E-mail Address		
Father's Name	Mother's Name	Home Phone/Cell		

SESSIONS and FEE SCHEDULE			Help A Child
Sessions	After April 12	Before April 12	
1) Week of June 29	\$150 <input type="checkbox"/>	\$140 <input type="checkbox"/>	There are children whose parents cannot afford the cost of Day Camp. Your contribution will give them the fun they so rightly deserve.
2) Week of July 6	\$150 <input type="checkbox"/>	\$140 <input type="checkbox"/>	
3) Week of July 13	\$150 <input type="checkbox"/>	\$140 <input type="checkbox"/>	
4) Week of July 20	\$150 <input type="checkbox"/>	\$140 <input type="checkbox"/>	
5) Lunch per week	\$15 p/week (\$60 for 4 weeks) <input checked="" type="checkbox"/>		Give a child a week of fun! \$150 <input type="checkbox"/>
6) CGI T-shirt & Hat	\$12 (\$6 for each additional T-shirt <input type="checkbox"/>) <input checked="" type="checkbox"/>		Give a child a session of fun! \$600 <input type="checkbox"/>
7) Late Stay	\$25 per week <input type="checkbox"/>		

Total: \$	(Please include T-shirt, Hat & Lunch in Total)
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Payment	I am enclosing partial payment & will send the balance by _____, 2010. I am enclosing the full Payment.
	Charge my card \$_____ and charge the balance on _____, 2010. Charge my card the full amount of \$_____ <input type="checkbox"/> MC <input type="checkbox"/> Visa <input type="checkbox"/> Amex Card No _____ Exp. _____

Parental Consent	I hereby permit my child to participate in all activities of Camp Gan Israel, on site, off site and trips.
	The parent who signs this registration form represents that he/she has full authority to do so and will be responsible for payment of the camp fees.
	Print Name _____ Signature _____ Date _____