

Mrs. Shaindy Mandelbaum 952-927-8713
Rabbi Menachem Rabenstein 513-546-4773
ashiradaycamp@gmail.com

Achim

Camper Registration Form 2017

Please complete both forms in entirety
Grades 5-8

Camper's name _____

Address _____ City/State/Zip _____

Email address _____ Home Phone _____

Birthday _____ Current Grade _____

Parents or Legal Guardian _____ Work # _____ Cell # _____
(Father)

_____ Work # _____ Cell # _____
(Mother)

Allergies _____

For up to date camp information, I wish to be contacted by:

text (cell): _____ email: _____

In case of emergency:

Contact _____ Phone # _____ Cell # _____

Contact _____ Phone # _____ Cell # _____

Medical insurance information - Please include company and policy #.

Favorite Activities / Special Talents: _____

Please include anything else you feel we should know:

I hereby give permission for my son, _____, to participate in all Achim Day Camp activities. I understand that Bais Yisroel and Achim Day Camp will not be held liable for any injuries, accidents, or misunderstandings. I understand the Achim Day Camp has a caring and responsible staff whose goal is to give my son a fun, safe, and entertaining summer.

Parent or Legal Guardian Signature _____ Date _____

(turn over for second side)

Fees & Payment Information

Grades 5 - 8 Camp Fee: \$560 ~ 4 Weeks / \$840 ~ 6 Weeks

*Early Bird Special: Register by April 30, 2017

Grades 5 - 8 \$500 ~ 4 Weeks / \$750 ~ 6 Weeks

Camp T-Shirt: (circle one)

Child size: S M L / Adult size: S M L XL

T - Shirt \$ 10 _____ Paid

Registration Fee \$25 _____ Paid

Please Check Off Weeks Attending:

Trip 1:

__ Week 1: (July 3- 7) \$ _____ Paid

__ Week 2: (July 10 - 14) \$ _____ Paid

__ Week 3: (July 17-21) \$ _____ Paid

__ Week 4: (July 24- 28) \$ _____ Paid

Trip 2:

__ Week 5 (July 31 - Aug 4) \$ _____ Paid

__ Week 6 (Aug 7 - Aug. 11) \$ _____ Paid

PAYMENT IS BY THE COMPLETE WEEK ONLY!

Registrations are accepted with payment ONLY. Please enclose checks or a credit card for the entire season attending.

Cancellations or changes to your summer plans will NOT be refunded.

I, understand and accept this policy.

Enclosed please find the camp fee and \$35 registration fee.

Parent's signature: _____

Note: Please complete a separate form for each camper.

If choosing to pay by credit card please fill out the information below:

Name: _____

Billing Address for Credit Card: _____

Credit card #: _____

Exp. Date: _____ Cw # _____ Amount being charged: \$ _____

Please return registration forms or email the forms to ashiradaycamp@gmail.com

Camp Ashira

c/o Congregation Bais Yisroel

4221 Sunset Blvd.

St. Louis Park, MN 55416