

Mrs. Shaindy Mandelbaum 952-927-8713

ashiradaycamp@gmail.com

ASHIRA

A Torah Umesorah Project SEED Program

Camper Registration Form 2017

Please complete both forms in entirety

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 daughter, _____, to participate in all Ashira Day Camp activities. I understand that Torah Umesorah Project SEED girls, and Ashira Day Camp will not be held liable for any injuries, accidents, or misunderstandings. I understand that Ashira Day Camp has a caring and responsible staff whose goal is to give my daughter a fun, safe, and entertaining summer.

Parent or Legal Guardian Signature _____ Date _____

(turn over for second side)

Fees & Payment Information

Grades 1-8 Camp Fee: \$560 ~ 4 Weeks / \$840 ~ 6 Weeks

*Early Bird Special: Register by April 30, 2017

Grades 1-8 \$500 ~ 4 Weeks / \$750 ~ 6 Weeks

Camp T-Shirt: (circle one)

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

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, \$25 registration fee, and \$10 T-shirt 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