



Camp Achim!

Camper Registration Form 2013

Rabbi Yaakov Waxman 952-922-8254

Camper's name _____

Birthday _____ Entering grade _____

Address _____ City/State/Zip _____

Email address _____ Home Phone _____

Parents or Legal Guardian _____ Work # _____ Cell # _____

_____ Work # _____ Cell # _____

Allergies _____

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, Torah Academy, and Camp Achim will not be held liable for any injuries, accidents, or misunderstandings. I understand that Camp Achim 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 _____

Fees & Payment Information

Grades 1-5 Camp Fee: \$500 ~ 4 Weeks / \$875 ~ 7 Weeks

Grades 6-8 Camp Fee: \$ 540 ~ 4 Weeks / \$945 ~ 7 Weeks

***Early Bird Special: Register by April 30, 2013**

Grades 1-5 \$440 ~ 4 Weeks / \$770 ~ 7 Weeks

Grades 6-8 \$460 ~ 4 Weeks / \$805 ~ 7 Weeks

Registration Fee \$25 _____Paid

Please Check Off Weeks Attending:

Trip 1:

__Week 1: (July1 - 5) \$_____Paid

__Week 2: (July 8- 12) \$_____Paid

__Week 3: (July 15-19) \$_____Paid

__Week 4: (July 22- 26) \$_____Paid

Trip 2:

__Week 5 (July 29-Aug 2): \$_____Paid

__Week 6 (Aug 5 -9) \$_____Paid

__Week 7 (Aug.12-16) \$_____Paid

PAYMENT IS BY THE COMPLETE WEEK ONLY!

We would greatly appreciate that you enclose postdated checks for the entire season attending.

Note: Please complete a separate form for each camper.

Enclosed please find the \$25 registration fee, and post dated checks/credit card information, for full season attending.

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