

5210 West Esplanade Ave Metaire LA 70006 Phone: 225.252.5385

Website: www.cgineworleans.com E-mail: mushkakazen@gmail.com

REGISTRATION FORM - 2017

Please complete the entire form and print neatly

CAMPER INFORMATION										
Last Name	First			Campers Jo		s Jewis	h Name	Age (1st day)	DOB	
Home Address			City/State/Zip			Gender	Jewish B-day			
School child is now attending				Grade Entering			T-shirt Size			
Is there anything special that you would like us to know about you child?										
Mother's Name			Cell Phone				E-mail			
Father's Name			Cell Phone				E-mail			
MEDICAL INFORMATION										
Pediatrician	Address					Phone				
Any allergies? Please specify				Medications						
EMERGENCY CONTACT INFORMATION										
Name Pho		Phon	Phone			Relationship				
PARENTAL CONSENT										
I hereby permit my child to participate in all activities of Camp Gan Israel - on site, off site and trips.										
In case of any emergency I hereby authorize the camp to take appropriate action, and absolve them of any liability.										
I hereby permit my child to be photographed, and I allow Camp Gan Israel to use those photographs at their discretion.										
Print Name										
Signature			Date							





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SCHEDULES AND FEES

Sessions and Fee Schedule				
Sessions	Includes all trips			
1st week only Mini Gan	□ \$199			
Week 1	□ \$199			
Week 2	□ \$199			
Week 3	□ \$199			
Week 4	□ \$199			
Week 5	□ \$199			
Week 6	□ \$199			
T-shirts, \$9 each				
Full summer discount of 5%				
Early bird (by March 5th) discount of 10%				
Total \$				

Sponsor a Child!				
There are children whose parents cannot afford the cost of day camp. Your generous contribution will give them the fun they so				
rightly deserve.				
Give a child a week of fun!	□ \$199			
Give a child a summer of fun!	□ \$1393			
Other	□\$			

	Session Fees \$ Sponsorship \$ To	tal \$		
T	☐ I am enclosing the non-refundable deposit of \$100.00	☐ I will send in the balance by June 1, 2017.		
aym	☐ I am enclosing full payment. (please make check payable to Camp Gan Israel)			
3	☐ Charge my card for the non-refundable deposit of \$100.00	☐ Charge my card for the balance on June 1, 2017.		
10	☐ Charge my card for the full amount.	Card type:		
Dt.	Card No.	Expiration:		
	SVC:	Zip code of billing address:		
	Signature:	_		