



2012 Camp Gan Shalom Registration Form



Camp Gan Shalom - 550 S. Second Avenue, Arcadia, CA 91006

Phone 626.445.0810 • Fax 626.445.5977 • ganshalom@jewishsgpv.org

CAMPER INFORMATION - One application per child... Please PRINT neatly with ballpoint pen!

Camper's Name: _____ Male Female

Birth Date: _____ Age as of 9/1/12: _____ Grade entering 9/12: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Camper's school: _____

Camper's synagogue: _____

Parent's Name:	Primary Phone:	E-mail:
	Secondary Phone:	
Parent's Name:	Primary Phone:	E-mail:
	Secondary Phone:	
Camper lives with: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other: _____		

PLEASE CIRCLE THE SESSION(S) THAT YOUR CAMPER WILL BE ATTENDING:

Weeks	Kehilla <i>Entering K - 6th Grade</i>			Manheegim <i>Entering 7th - 9th Grade</i>		
	<i>Register before 4/1</i>	<i>Register before 5/15</i>	<i>Register after 5/15</i>	<i>Register before 4/1</i>	<i>Register before 5/15</i>	<i>Register after 5/15</i>
Pasadena Jewish Temple & Center						
June 18 - June 22	\$230	\$245	\$260			
June 25 - June 29	\$230	\$245	\$260			
July 2 - July 6 <small>(*no camp on 7/4)</small>	\$200*	\$215*	\$230*	\$895*	\$920*	\$945*
July 9 - July 13	\$230	\$245	\$260			
Temple Beth Israel of Pomona						
July 16 - July 20 ⁺	\$230	\$245	\$260			
July 23 - July 27 ⁺	\$230	\$245	\$260	\$945	\$970	\$995
July 29 - August 3 ⁺	\$230	\$245	\$260			
August 6 - August 10 ⁺	\$230	\$245	\$260			

Mischak (Drama Camp) <i>Entering 4th - 7th Grade</i>			
Jewish Federation (Arcadia)			
	<i>Register before 4/1</i>	<i>Register before 5/15</i>	<i>Register after 5/15</i>
July 2 - July 27	\$895	\$920	\$945

⁺ Limited spaces are available on a first-come, first served basis for transportation from Pasadena to Temple Beth Israel. Cost is \$25 per week.

For families with more than one sibling, a 10% discount will be given on each additional camper.



A program of your Jewish Federation

Over →→→

PLEASE READ THIS AGREEMENT CAREFULLY

1. I hereby enroll my child in Camp Gan Shalom, the Jewish Federation of the Greater San Gabriel and Pomona Valleys summer day camp program and agree to pay the established fee for my child's session(s). I have enclosed the camp's **deposit charge of \$100.00 per week of camp, which is non-refundable but will be applied to the balance of camp session fees. Balance of all fees must be paid two weeks prior to the start of each camp session.**

2. The applicant and camper agree to abide by the camp's policies and regulations. Camp Gan Shalom reserves the right to reject any application, dismiss any camper for not conforming thereto, or to cancel any program due to insufficient registration. If the camper withdraws or is sent home during the course of the summer, there shall be no refund of fees.

3. The camp does not assume responsibility for loss or damage to baggage or personal belongings during the period of time a camper is at camp. The applicant and camper agree to reimburse the camp for any unforeseen expenses the camp incurs on the camper's behalf (special supplies or emergency expenses, etc.).

4. All parents/guardians of campers must submit, prior to the start of their camp session, written verification of the camper's good health and suitability to participate in the programs selected.

5. The undersigned consents to the use of the camper's name, photograph, or other identification in connection with the camps' or Federation's programs, exchanges or publicity.

6. I hereby certify that all information given is true and correct and I agree to all the provisions of the agreement.

Parent/Guardian Signature: _____ Date: _____

Emergency Contact Name: _____ Phone: _____

PAYMENT METHODS... CHECK ONE OF THE FOLLOWING

Visa/MasterCard

- Charge the ENTIRE camp fee now.
- Charge the \$100 deposit per week now; Please charge the balance to my credit card on June 8, 2012.
- Please send me a Camp Gan Shalom Campership Form and charge my \$100 refundable deposit per week now.
- Split up my total balance of \$_____ and charge me in monthly payments ending July 1, 2012. My card will be charged during the first week of each month.

Check - Made payable to Jewish Federation

- Enclosed is a check for the ENTIRE camp fee.
- Enclosed is a check for the \$100 deposit per week. I will send in the remaining balance by June 8, 2012.
- Enclosed is a check for the \$100 refundable deposit per week; please send a Camp Gan Shalom Campership Form.

How did you hear about Camp Gan Shalom? (For new families only)

- Friend Synagogue Mailing Other

Friend's Name: _____

Please reserve a space for my child to travel from **Pasadena** to **Pomona** for the weeks they are registered at camp.

VISA or MASTERCARD # _____ EXPIRATION DATE: ____/____/____ Sec. Code _____

Name as it appears on card: _____ Signature: _____

Consider making a 100% tax-deductible gift to the Jewish Federation

Jewish Federation of the Greater San Gabriel and Pomona Valleys focuses its energies on building a community that takes pride in strengthening and enhancing Jewish life in our community. Our Jewish Federation sponsors and facilitates programs throughout the year that: give people a sense of pride in their Judaism; bring Jews from across the greater San Gabriel and Pomona Valleys together for Jewish events and causes; serve as a voice to the broader community; and much more. Your donation will greatly assist us in making all this possible in and for our community.

Camp Fees: \$ _____

Extended care: \$ _____
(\$50 per week, per camper)

Voluntary gift to Federation \$ _____

Grand Total: \$ _____