

REGISTRATION FORM GAN ISRAEL WINTER CAMP 2011-5772

CHABAD OF NEW MEXICO 4000 SAN PEDRO NE ALBUQUERQUE, NM 87110
(505) 880-1181 FAX (505) 880-9722

Name of Camper _____

Last First Hebrew

Address _____

Street, City, State, Zip

Date of Birth ___/___/___

Father’s Name _____

Mother’s Name _____

Home Phone Number _____

Father’s Business Phone Number _____

Business Address _____

Mother’s Business Phone Number _____

Business Address _____

Other Phone or Information _____

Emergency Phone Number (**available during all camp hours**) _____

I hereby enroll _____, as camper of the Gan Israel
winter day-camp 2008 for the following session:

December 22-26..... \$175.00

M/T/W/T/F/.....\$40.00 per day

Scholarship forms needed _____

Conditions: Medical Certificate must be signed. Gan Israel will make every effort to insure the well-being of every camper. However, it will not be responsible for any injury or health impairment of any camper. Gan Israel will not be responsible for damage to or loss of clothing or personal belongings of any camper.

I fully understand and agree to these conditions, and have stated all of the above
Information correctly.

Signature of parent or Guardian _____ Date _____