



Main Office: 101 Greenwood Avenue Suite 430
 Jenkintown PA 19046
 P: 215-885-5601 * F: 215-885-5603

Summer Office: PO BOX 10 1 Pine Grove Road
 South Sterling PA 18460
 P: 570-676-9291 * F: 570-676-9172

1-877-CAMP-JRF * www.campjrf.org * info@campjrf.org

FAMILY CAMP REGISTRATION FORM

August 13 - August 17, 2008

Please fill out, sign, and return this registration form with your deposit to our **Main Office**

FAMILY INFORMATION

Family Name: _____ # of Adults: _____ # of Children: _____

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Hm Phone #: (____) _____ E-mail: _____

Congregation: _____

Congregation Affiliation: Reconstructionist Conservative Reform Orthodox Unaffiliated
 Other: _____

Name of each adult attending:

_____ Cell Ph #: (____) _____ Wk Ph #: (____) _____

_____ Cell Ph #: (____) _____ Wk Ph #: (____) _____

Name of each child attending:

Sex: M F **Age/Grade** _____/_____

_____ M F _____/_____

_____ M F _____/_____

_____ M F _____/_____

_____ M F _____/_____

*Non-JRF affiliates are required to pay an \$80 non-member fee per family in addition to the \$650 cost.

Camp JRF sometimes shares family names, phone #'s and email addresses with other camp families for communication and travel purposes.

Please check here if you prefer us NOT to share your contact information.

ATTENDING GRANDPARENT INFORMATION

Grandparent 1 Name: _____ Grandparent 2 Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Hm Phone #: (____) _____ E-mail: _____

PAYMENT INFORMATION

The cost for Family Camp (per cabin) is \$650* for 1 parent & 1 child; \$150 for each additional family member including each grandparent. A \$300 deposit is required to register.

I am paying \$_____ deposit for Family Camp at Camp JRF at this time.

I'd like to include a Scholarship Donation in the amount of \$_____.

The total amount submitted at this time is \$_____.

Please see my check made payable to CAMP JRF in the amount of \$_____.

Please charge my credit card in the amount of \$_____: Visa MasterCard American Express

Card Number: _____ Expiration Date: _____/_____/_____

I authorize JRF to charge my credit card by signing below.

 Name on Card (print)

 Signature

CAMP JRF

101 Greenwood Avenue Suite 430

Jenkintown PA 19046

P: 215-885-5601 ★ F: 215-885-5603

.41 stamp

CAMP JRF

Family Camp

101 Greenwood Avenue Suite 430

Jenkintown PA 19046

Please staple or tape shut should you choose to mail as is.