



# JRF WEST - Mini Camp at JCA Shalom

Shalom Institute 34342 Mulholland Hwy. Malibu CA 90265

June 30 - July 5, 2009

## REGISTRATION FORM

### CAMPER INFORMATION

1<sup>st</sup> Camper's Name: \_\_\_\_\_ Sex:  M  F  
Date of Birth (mm/dd/yy): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
School: \_\_\_\_\_ Grade as of September **2009**: \_\_\_\_\_  
Camper's E-mail: \_\_\_\_\_

2<sup>nd</sup> Camper's Name: \_\_\_\_\_ Sex:  M  F  
Date of Birth (mm/dd/yy): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
School: \_\_\_\_\_ Grade as of September **2009**: \_\_\_\_\_  
Camper's E-mail: \_\_\_\_\_

### PARENT/GUARDIAN INFORMATION

Camper lives with:  Both parents  Parent 1  Parent 2  Other \_\_\_\_\_

**Parent/Guardian 1** Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State/Province, Zip: \_\_\_\_\_

Home Phone : (\_\_\_\_) - \_\_\_\_\_ Work Phone: (\_\_\_\_) - \_\_\_\_\_

Cell Phone: (\_\_\_\_) - \_\_\_\_\_ Fax Number: (\_\_\_\_) - \_\_\_\_\_

E-mail: \_\_\_\_\_ Occupation: \_\_\_\_\_

**Parent/Guardian 2** Name: \_\_\_\_\_

Address (if different from Parent/Guardian 1's address): \_\_\_\_\_

City, State/Province, Zip: \_\_\_\_\_

Home Phone : (\_\_\_\_) - \_\_\_\_\_ Work Phone: (\_\_\_\_) - \_\_\_\_\_

Cell Phone: (\_\_\_\_) - \_\_\_\_\_ Fax Number: (\_\_\_\_) - \_\_\_\_\_

E-mail: \_\_\_\_\_ Occupation: \_\_\_\_\_

Congregation: \_\_\_\_\_

Congregation Affiliation:  Reconstructionist  Conservative  Reform  Orthodox  
 Unaffiliated  Other: \_\_\_\_\_

### SPECIAL NEEDS

Does your child have any special needs or conditions that might affect his/her ability to integrate fully in our program?  Yes  No

If yes, please explain and if you have registered more than one child on this form, indicate which child: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## PERMISSION & AGREEMENT

- I hereby give my child permission to attend Camp JRF and participate in all activities
- I understand that \$200 of each registration is non-refundable
- I understand that if I cancel my registration before May 1, 2009, all of my money, except the \$200 deposit, will be refunded. If I cancel between May 2, 2009 and May 31, 2009, I will still be responsible for 25% of the total camp fees. Cancellations received after June 1, 2009 will still be responsible for 100% of camp fees.

\_\_\_\_\_  
Signature of Parent / Guardian

\_\_\_\_\_  
Date

## PAYMENT INFORMATION

Camp Session June 30 – July 5, 2009	<input type="checkbox"/> \$895
Scholarship Donation	<input type="checkbox"/> \$72 <input type="checkbox"/> \$180 <input type="checkbox"/> Other _____ Help make it possible for other campers to attend JRF WEST Mini Camp by making a voluntary tax deductible donation to the JRF WEST Mini Camp Scholarship Fund.
Scholarship Need	<input type="checkbox"/>

JRF WEST Mini Camp may share my family's name, phone number, and e-mail address with other camper families for communication purposes only. Please indicate here if you prefer NOT to participate in this agreement:

**A deposit of at least \$200 is required to process your registration. See agreement above.**

I am paying \$\_\_\_\_\_ deposit for JRF WEST Mini Camp 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 JRF WEST Mini Camp 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

Please fill out, sign, and return this registration form with a non-refundable \$200 deposit to:

**JRF WEST, 101 Greenwood Ave. Suite 430, Jenkintown, PA 19046**  
Ph: 215-885-5601 x27    Fax: (215) 885-5603