

CAMP SHALOM AND THE JCC THEATER CAMP 2008 REGISTRATION FORM

Registrations must be signed and accompanied by a \$200 non-refundable deposit per child.

PERSON RESPONSIBLE FOR PAYMENT

Name _____		Relationship to camper _____
Address _____	City, State _____	Zip _____
Day Phone _____	Evening Phone _____	E-Mail _____
Parent's name if not the same as above _____		

CAMPER INFORMATION

Camper name _____	Birthdate _____
<input type="checkbox"/> Male	<input type="checkbox"/> Female
<input type="checkbox"/> Grade in fall 2008 _____	
<input type="checkbox"/> Camp Shalom	<input type="checkbox"/> Theater Camp (Session 1 only)
<input type="checkbox"/> Session 1 6/23-7/18	<input type="checkbox"/> Session 2 7/21-8/1
<input type="checkbox"/> Session 3 8/4-8/15	<input type="checkbox"/> Session 4 (post camp) 8/18-8/22
Unit (Camp Shalom only) _____	

Camper name _____	Birthdate _____
<input type="checkbox"/> Male	<input type="checkbox"/> Female
<input type="checkbox"/> Grade in fall 2008 _____	
<input type="checkbox"/> Camp Shalom	<input type="checkbox"/> Theater Camp (Session 1 only)
<input type="checkbox"/> Session 1 6/23-7/18	<input type="checkbox"/> Session 2 7/21-8/1
<input type="checkbox"/> Session 3 8/4-8/15	<input type="checkbox"/> Session 4 (post camp) 8/18-8/22
Unit (Camp Shalom only) _____	

Camper name _____	Birthdate _____
<input type="checkbox"/> Male	<input type="checkbox"/> Female
<input type="checkbox"/> Grade in fall 2008 _____	
<input type="checkbox"/> Camp Shalom	<input type="checkbox"/> Theater Camp (Session 1 only)
<input type="checkbox"/> Session 1 6/23-7/18	<input type="checkbox"/> Session 2 7/21-8/1
<input type="checkbox"/> Session 3 8/4-8/15	<input type="checkbox"/> Session 4 (post camp) 8/18-8/22
Unit (Camp Shalom only) _____	

- Please check here if you would like to receive a financial aid form
The Mandell JCC maintains a policy of adjusting fees according to need. Deadline for submission, 4/15/08
- Please check here if you are interested in having your child participate in the Learning Hut Program
- Please check here if you would like to request a Hand in Hand counselor for your child

PAYMENT INFORMATION

Discounted registration is available for JCC members only until March 1, 2008. After March 1, anyone who registers for camp must pay the higher rate. For JCC Theater Camp, total fee for child registered by 3/1/08 is \$1,360, total fee for child registered after 3/1/08 is \$1,705. For Camp Shalom, see fee schedule in poster for total amount due.

Enclosed is my \$200 non-refundable deposit per child.
ALL BALANCES WILL BE EITHER DIRECT DEBITED OR CHARGED TO WHATEVER FORM OF PAYMENT WAS USED FOR THE DEPOSIT, ON JUNE 15, UNLESS OTHER ARRANGEMENTS HAVE BEEN MADE AT TIME OF REGISTRATION.

Check Direct Debit

Charge (please circle): MC Visa Discover Amex

Credit Card # _____ Exp. Date _____

I have reviewed all of the camp information and agree to the terms stated. I agree that the Mandell JCC may use my child's photograph, taken at camp or at a camp-sponsored activity, for promotional purposes.

Parent/Guardian Signature _____ Date _____

Mail registration and payment to: Camp Shalom
Mandell JCC
Attention: Karen Wyckoff
335 Bloomfield Avenue
West Hartford, CT 06117