

Camp Gan Israel Winter Camp

A Project of Chabad Center for Jewish Life
2640 W. 96th Street ♦ Indianapolis, IN 46268
317-698-6724

REGISTRATION FORM

Camper Information:

Last _____ First _____ Hebrew Name _____ DOB _____
___ 12/21-28 **OR** ___Th 12/21, ___F 12/22, ___M12/25, ___ Tu 12/26, ___ W 12/27, ___Th 12/28

Last _____ First _____ Hebrew Name _____ DOB _____
___ 12/21-28 **OR** ___Th 12/21, ___F 12/22, ___M12/25, ___ Tu 12/26, ___ W 12/27, ___Th 12/28

Camp cost is \$50 per day, per camper. Sign up for all 6 days for \$275. Please submit full payment with registration form, or pay online chabadindiana.org/wintercamp

Allergies or Other Important Information:

Parent Information:

Father _____ E-Mail _____
Cell _____ Work phone _____ Home phone _____

Mother _____ E-Mail _____
Cell _____ Work phone _____ Home Phone _____

Address: _____

In Case of Emergency:

Name _____ Telephone _____

I hereby register my child(ren) for Camp Gan Israel Winter Camp, and grant permission to take my child to swimming and to other activities. I have noted any health concerns, allergies, or other important information above. I am enclosing payment for camp (\$50 per day, or \$275 for full five days of camp, per camper), made payable to Camp Gan Israel, or will pay online.

Signature _____ date _____