

# Camp Gan Israel Winter Camp

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

## REGISTRATION FORM

### Camper Information:

Last \_\_\_\_\_ First \_\_\_\_\_ Hebrew Name \_\_\_\_\_ DOB \_\_\_\_\_  
\_\_\_ 12/23-27 **OR** \_\_\_ M 12/23, \_\_\_ Tu 12/24, \_\_\_ W 12/25, \_\_\_ Thu 12/26, \_\_\_ F 12/27

Last \_\_\_\_\_ First \_\_\_\_\_ Hebrew Name \_\_\_\_\_ DOB \_\_\_\_\_  
\_\_\_ 12/23-27 **OR** \_\_\_ M 12/23, \_\_\_ Tu 12/24, \_\_\_ W 12/25, \_\_\_ Thu 12/26, \_\_\_ F 12/27

Camp cost is \$60 per day, per camper. Sign up for all 5 days for \$275. Please submit full payment with registration form, or pay online [chabadindiana.org/wintercamp](http://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 \_\_\_\_\_