

# CAMP GAN AT TEMPLE SINAI 2008 REGISTRATION FORM

Hours of operation: 9:00 a.m – 12:30 p.m. Monday through Friday

Please complete registration form and return it by May 2, 2008 to:

The Gan at Temple Sinai, 4631 S. Lockwood Ridge Road, Sarasota, FL 34231

**Deposit:** A \$36 per child, non-refundable deposit **must accompany** the registration form.

Parent 1 (please print clearly):

Parent 2 (please print clearly):

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Telephone

Hm: \_\_\_\_\_ Wk: \_\_\_\_\_ C: \_\_\_\_\_ Hm: \_\_\_\_\_ Wk: \_\_\_\_\_ C: \_\_\_\_\_

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

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

City/Zip: \_\_\_\_\_

City/Zip: \_\_\_\_\_

Are you a Temple Sinai member?  yes  no

Would you like membership information?  yes  no

Child(ren) live(s) with?  parent 1  parent 2  both  other: \_\_\_\_\_

Are there special medical or custody concerns?  yes  no If yes, please inform Camp Director in writing of details.

May Temple Sinai use your name, family member's name, and photographs in brochures, *Tablet*, and ads?  yes  no

1<sup>st</sup> child's name: \_\_\_\_\_ Sex:  M  F Birthdate: \_\_\_\_\_

CAMP FEES

Session 1 – June 2 – June 27, 2008

3-Day @ \$247.50 per member; \$275 per non member ..... = \$ \_\_\_\_\_

5-Day @ \$405 per member; \$450 per non member ..... = \$ \_\_\_\_\_

Session 2 – June 30 – July 25

3-Day @ \$247.50 per member; \$275 per non member ..... = \$ \_\_\_\_\_

5-Day @ \$405 per member; \$450 per non member ..... = \$ \_\_\_\_\_

2<sup>nd</sup> child's name: \_\_\_\_\_ Sex:  M  F Birthdate: \_\_\_\_\_

Session 1 – June 2 – June 27, 2008

3-Day @ \$247.50 per member; \$275 per non member ..... = \$ \_\_\_\_\_

5-Day @ \$405 per member; \$450 per non member ..... = \$ \_\_\_\_\_

Session 2 – June 30 – July 25

3-Day @ \$247.50 per member; \$275 per non member ..... = \$ \_\_\_\_\_

5-Day @ \$405 per member; \$450 per non member ..... = \$ \_\_\_\_\_

**Non-refundable Deposit fee: (one for each child, must accompany this form)..... = \$ \_\_\_\_\_**

**Total fees:..... = \$ \_\_\_\_\_**

**Remaining Balance Due (must be paid in full 1 week prior to start of camp)..... = \$ \_\_\_\_\_**

Payment Method:  check (#: \_\_\_\_\_)  Visa  Mastercard  American Express

Credit Card No.: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_