

CAMP GAN AT TEMPLE SINAI 2009 REGISTRATION FORM

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

Please complete registration form and return it 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: _____

Email: _____

Email: _____

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

1st child's name: _____ Sex: M F Birthdate: _____

CAMP FEES

Session 1 – June 1 – June 26, 2009

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

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

Session 2 – June 29 – July 24

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

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

2nd child's name: _____ Sex: M F Birthdate: _____

Session 1 – June 1 – June 26, 2008

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

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

Session 2 – June 29 – July 24

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 (#: _____) or cash