

# 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 \_\_\_\_\_  
\_\_\_ Full wk Dec 27-31 **OR** \_\_\_ Monday, \_\_\_ Tuesday, \_\_\_ Wednesday, \_\_\_ Thursday, \_\_\_ Friday

Last \_\_\_\_\_ First \_\_\_\_\_ Hebrew Name \_\_\_\_\_ DOB \_\_\_\_\_  
\_\_\_ Full wk Dec 27-31 **OR** \_\_\_ Monday, \_\_\_ Tuesday, \_\_\_ Wednesday, \_\_\_ Thursday, \_\_\_ Friday

Last \_\_\_\_\_ First \_\_\_\_\_ Hebrew Name \_\_\_\_\_ DOB \_\_\_\_\_  
\_\_\_ Full wk Dec 27-31 **OR** \_\_\_ Monday, \_\_\_ Tuesday, \_\_\_ Wednesday, \_\_\_ Thursday, \_\_\_ Friday

Allergies or Other Important Information:

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### 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 (\$40 per day, or \$175 for full five days of camp), made payable to Camp Gan Israel.

Signature \_\_\_\_\_ date \_\_\_\_\_