

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 _____
___ Full wk Dec 25-29 **OR** ___ Monday, ___ Tuesday, ___ Wednesday, ___ Thursday, ___ Friday

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

Signature _____ date _____