

REGISTRATION FORM

Date received by Camp JCC _____
Family Name: _____ Membership number: _____
Home Phone: _____ (Circle one:) JCC Member, SACC, or Out of Area
Address, etc: _____
Email: _____
Parent 1 Name _____ Cell/work number _____
Parent 2 Name _____ Cell/work number _____

Camper(s) name(s) _____
How did you hear about Camp JCC? _____
Did someone refer you to Camp JCC? Who? _____

Payment Options

\$100 Non-refundable Deposit due at time of registration
Deposit Amount \$ _____

Step #1: Method of payment for deposit: Check (attached) Bill Credit Card Below

Step #2: Early Bird Registration Regular Registration

Step #3: Method of Payment
 Payment in full (enclosed)
 EFT (Voided check attached)
 Credit Card (Name on Card) _____
(credit card #) _____ CID# _____ (Exp. Date) _____
Credit card payments will be processed on the 1st of each month

Step #4:
A. If Early Bird Registration
____ # of payments to be paid in full by 6/1/11 beginning on ____/1/11 & ending on 6/1/11
B. If Regular Registration
____ # of payments to be paid in full by the Friday prior to your child's beginning Camp,
no later than 8/1/11

Camper #1 Name: _____ Age: _____ Grade(as of Fall '11): _____ Gender: M / F

Birth date: / / T-Shirt Size (please circle): XS S M L Adult S Adult M Adult L

| Camp Name | Indicate specific weeks wanted | | | | | | | | | | Cost/week (office use only) |
|--------------|--------------------------------|---|---|---|---|---|---|---|---|----|-----------------------------|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| AM Care | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| PM Care | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| AM/PM Bundle | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |

Camper #2 Name: _____ Age: _____ Grade(as of Fall '11): _____ Gender: M / F

Birth date: / / T-Shirt Size (please circle): XS S M L Adult S Adult M Adult L

| Camp Name | Indicate specific weeks wanted | | | | | | | | | | Cost/week (office use only) |
|--------------|--------------------------------|---|---|---|---|---|---|---|---|----|-----------------------------|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| AM Care | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| PM Care | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| AM/PM Bundle | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |

Please send us all your kids! If you need more registration forms, just ask!