

## FAMILY

Family Name: \_\_\_\_\_ Home Address: \_\_\_\_\_ Nearest Cross Street: \_\_\_\_\_  
FOR BUS TRANSPORTATION ONLY

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Please check responsible party, if applicable

☐ Father: (circle: Rabbi, Dr., Mr.) \_\_\_\_\_ Bus. Tel.: \_\_\_\_\_ Cell# & Carrier: (Verizon/Att etc.) \_\_\_\_\_ Email: \_\_\_\_\_ Text Notification On Off Please Circle

☐ Mother: (circle: Dr., Mrs.) \_\_\_\_\_ Bus. Tel.: \_\_\_\_\_ Cell# & Carrier: (Verizon/Att etc.) \_\_\_\_\_ Email: \_\_\_\_\_ Text Notification On Off Please Circle

## CAMPER REGISTRATION

First Name   Birth Date   Gr. Entering   Yeshiva   B/G					Bunk Friend Request	Shirt Size	Circle weeks attending, if none indicated, 6/25 will be wk. 1.										Fee Calculator (amounts from Fee Schedule)				
							6/25	7/2	7/9	7/16	7/23	7/30	8/6	8/13	Lunch	Bus	# Wks	Fee	Lunch	Bus	Total
1.							1	2	3	4	5	6	7	8	<input type="checkbox"/>	<input type="checkbox"/>					
2.							1	2	3	4	5	6	7	8	<input type="checkbox"/>	<input type="checkbox"/>					
3.							1	2	3	4	5	6	7	8	<input type="checkbox"/>	<input type="checkbox"/>					
4.							1	2	3	4	5	6	7	8	<input type="checkbox"/>	<input type="checkbox"/>					

## PROGRAM PARTICIPATION AUTHORIZATION and EMERGENCY CONTACT INFORMATION

I give my child(ren) listed above permission to fully participate in all Camp Regesh activities including promotional photos and videos on and/or off campus.

Less Discounts \_\_\_\_\_

Total Fees \$ \_\_\_\_\_

Emergency Contact (other than parent): Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Dr.: \_\_\_\_\_ Phone: \_\_\_\_\_

In the event I cannot be reached, and in case of Medical Emergency, I hereby authorize the physician selected by Camp Regesh to secure complete and proper treatment for my child.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Credit Card Information

Visa / MasterCard / American Express (circle)

Card # \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Total to be charged to your account \$ \_\_\_\_\_

Signature: \_\_\_\_\_

## PAYMENT PROCEDURE

**Bonus Pre-registration Special:** Early Bird and Lunch Bonus—Payment in full prior to November 4, 2017.

**Early Bird** applications must be received prior to January 10, 2018 and must include Early Bird Discount Coupon (enclosed), a non-refundable deposit of \$400/child and 2 checks or credit card authorization each for ½ of the balance due dated 3/1 and 5/1, 2018.

**Full Registrations** must include a non-refundable deposit of \$400/child plus post dated payment in full prior to 5/1/2018.

**Changes in schedule of Registered Weeks after April 15 if available, will incur a \$25 change fee. All changes to weeks must be submitted by the Wednesday prior to the adjusted week.**

**The First Extension** after 4/1/18 will be adjusted to the above discounted multi-week rate. Additional extensions will be charged the published rate for the number of weeks added to the camper's schedule.

**All funds minus deposit are refundable until 4/1/2018.** Cancellations or reduction of registered weeks after 4/1/2018 and before 6/1/2018 are subject to a 50% refund rate of all applicable fees and are payable after 10/25/2018. Cancellations or reductions made after June 1<sup>st</sup> are **non-refundable**. This form is a binding and legal contract. All legal expenses associated with collection of contracted fees will be the responsibility of the signatory above.

**Returned Check Fee: \$25. Declined Credit Card Processing Fee \$10.**

**Camp Registrations/weeks** are not transferable to other families. Credit cannot be issued for days missed or days closed regardless of circumstance.

**Camper Registration weeks** are Monday – Friday. Camp will be closed on Wednesday, July 4, 2018.

