

Please print this form, and either **fax** it to: (204)586-0487  
or **mail** it to: Lubavitch Centre 2095 Sinclair St Winnipeg MB R2V 3K2.  
Please remember to enclose payment so that we can process your application promptly.

# GAN ISRAEL REGISTRATION FORM

## Summer of Year 2008-5768

REGISTER CAMPER FOR:  Full Camp (*both 2 week sessions*)  1<sup>st</sup> Session (*Jul 7-18*)  2<sup>nd</sup> Session (*Jul 21-Aug 1*)

Family Name: \_\_\_\_\_

Name of Camper: [English-]\_\_\_\_\_ [Hebrew-]\_\_\_\_\_

Male  Female      Date of Birth: [month-]\_\_\_\_\_ [day-]\_\_\_\_\_ [year-]\_\_\_\_\_

School attended before summer: \_\_\_\_\_ Grade before summer: \_\_\_\_\_

Campers e-mail address: \_\_\_\_\_

Father: [Hebrew Name-]\_\_\_\_\_ [English Name-]\_\_\_\_\_  is Jewish  not Jewish

Mother: [Hebrew Name-]\_\_\_\_\_ [English Name-]\_\_\_\_\_  is Jewish  not Jewish

Camper is in care of :  Both Parents  Mother  Father  Guardian \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

**Telephones:**

Mother: home-\_\_\_\_\_ work-\_\_\_\_\_ cell-\_\_\_\_\_ e-mail \_\_\_\_\_

Father: home-\_\_\_\_\_ work-\_\_\_\_\_ cell-\_\_\_\_\_ e-mail \_\_\_\_\_

**Emergency contact other than parent/guardian:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Tel. \_\_\_\_\_

Family Medical Number: \_\_\_\_\_ Camper's Personal Health I.D.: \_\_\_\_\_

Camper's Doctor: \_\_\_\_\_ Dr's Tel # \_\_\_\_\_

Doctor's Address: \_\_\_\_\_

**Describe any medical information the camp should be aware of, such as allergies, medications,  
or any other concerns or special needs of your child:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PAYMENT METHOD  Cheque (made out to Lubavitch Centre)  Cash  Visa  MasterCard

**If you are paying your deposit or the balance by Credit Card, please enter the following information:**

Name on Credit Card: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_