

# GAN ISRAEL REGISTRATION FORM

Winter Camp 2007- 5768

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

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

Male  Female

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

School attending : \_\_\_\_\_ Grade : \_\_\_\_\_

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: \_\_\_\_\_