

Please print and fill out this registration form and mail it with your payment to:

Lubavitch Centre, 2095 Sinclair St. Winnipeg MB R2V 3K2

Or send your form by fax to (204)586-0487. Please be sure to enter your credit card information in the space provided.

# GAN ISRAEL REGISTRATION FORM

## Winter Camp 2008/9 - 5769

**REGISTER CAMPER FOR:**  Full Camp (*both weeks*)  1<sup>st</sup> Week (*Dec 22-26*)  2<sup>nd</sup> Week (*Dec 29-Jan 2*)

**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:**

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**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:** \_\_\_\_\_