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# ASHIRA

A Torah Umesorah Project SEED Program

## Camper Registration Form 2016

Please complete both forms in entirety

Camper's name \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Email address \_\_\_\_\_ Home Phone \_\_\_\_\_

Birthdate \_\_\_\_\_ Current Grade \_\_\_\_\_

Parents or Legal Guardian \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_  
(Father)

\_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_  
(Mother)

Allergies \_\_\_\_\_

For up to date camp information, I wish to be contacted by:

text (cell): \_\_\_\_\_ email: \_\_\_\_\_

In case of emergency:

Contact \_\_\_\_\_ Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

Contact \_\_\_\_\_ Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

Medical insurance information - Please include company and policy #.

Favorite Activities / Special Talents: \_\_\_\_\_

Please include anything else you feel we should know:

I hereby give permission for my daughter, \_\_\_\_\_, to participate in all Ashira Day Camp activities. I understand that Torah Umesorah Project SEED girls, and Ashira Day Camp will not be held liable for any injuries, accidents, or misunderstandings. I understand that Ashira Day Camp has a caring and responsible staff whose goal is to give my daughter a fun, safe, and entertaining summer.

Parent or Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

(turn over for second side)

# Fees & Payment Information

Grades 1-8 Camp Fee: \$560 ~ 4 Weeks / \$840 ~ 6 Weeks

\*Early Bird Special: Register by April 30, 2016

Grades 1-8 \$500 ~ 4 Weeks / \$750 ~ 6 Weeks

## Camp T-Shirt: (circle one)

**Child size: S M L / Adult size: S M L**

T - Shirt \$ 10\_\_\_\_ Paid                      Registration Fee \$25 \_\_\_\_Paid

*Please Check Off Weeks Attending:*

### Trip 1:

\_\_Week 1: (July 5- 8)     \$\_\_\_\_Paid

\_\_Week 2: (July 11 - 15)     \$\_\_\_\_Paid

\_\_Week 3: (July 18-22)     \$\_\_\_\_Paid

\_\_Week 4: (July 25- 29)     \$\_\_\_\_Paid

### Trip 2:

\_\_Week 5 (Aug. 1 - 5)     \$\_\_\_\_Paid

\_\_Week 6 (Aug 8 -12)     \$\_\_\_\_Paid

PAYMENT IS BY THE COMPLETE WEEK ONLY!

Registrations are accepted with payment ONLY. Please enclose checks or a credit card for the entire season attending.

Cancellations or changes to your summer plans will NOT be refunded.

**I, understand and accept this policy. Enclosed please find the camp fee, \$25 registration fee, and \$10 T-shirt fee**

Parent's signature: \_\_\_\_\_

Note: Please complete a separate form for each camper.

*If choosing to pay by credit card please fill out the information below:*

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

Billing Address for Credit Card: \_\_\_\_\_

Credit card #: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Cw # \_\_\_\_\_ Amount being charged: \$ \_\_\_\_\_

Please return registration forms or email the forms to ashiradaycamp@gmail.com

Camp Ashira

c/o Congregation Bais Yisroel

4221 Sunset Blvd.

St. Louis Park, MN 55416