

Camp Solomon Schechter Men's Camp 2011

September 23rd-25th, 2011



Name: _____ Email: _____

Phone #: _____ Address: _____

City: _____ State/Province and Zip/Postal Code: _____

Number who would like to use Challenge Course: _____

I have a friend who may be interested, please contact me for referrals: _____

Food/Allergy Info: _____

Payment Information:

Fees: \$200 per person, Challenge Course \$20 per person extra

I would also like to make a tax-deductible contribution to camp of:

\$36____ \$72____ \$180:____ Other:\$____

Total charges: \$_____

Visa/MC#: _____ Exp Date: ____ / ____

Name on Card: _____ Signature: _____

Cabin Preference:

Early Riser__

Night Owl__

Clean Freak__

Snorer__

Favorite Movie: _____

Favorite Sports: _____

I would like to participate in:

Shabbat Morning Minyan _____

Golf (additional green fees paid separately) _____

Please return the completed registration form along with payment by fax or email.

Mail: 117 East Louisa St #110, Seattle, WA, 98102 Fax: 206-447-2629

Questions? Call Camp at 206-447-1967