

Schechter Family Camp May 22-24th, 2009

Contact Information

Family Name: _____ Email: _____
Phone #s: _____ Address: _____
City: _____
Zip/State: _____

Family Members Attending:

Food/Allergy Info:

* Please let us know of any food allergies or dietary needs

1. Name: _____
Age: _____
2. Name: _____
Age: _____
3. Name: _____
Age: _____
4. Name: _____
Age: _____
5. Name: _____
Age: _____

****Each family will get their own cabin, but please let us know if you would like to share a cabin with another family.** Family Requested: _____

Fees:

\$315 per family (US Funds only)
\$100 non-refundable deposit required
Balance due no later than March 13th, 2009

Payment Information:

VISA / MC #: _____ Exp Date: ____ / ____
Name on Card: _____
Signature : _____

___ Check / Money Order Attached

Please return the completed registration for along with payment to the camp office by fax or by mail.

Mail: 117 East Louisa Street #110, Seattle, WA 98102

Fax: 206-447-2629