

Camp Solomon Schechter Family Weekend 2011



Family Name: _____ Email: _____

Phone #: _____ Address: _____

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

Number who would like to use Challenge Course: _____

Food/Allergy Info: _____

First Name(s) of parent(s): _____

First Name(s) and age(s) of your child(ren):

1. _____
2. _____
3. _____
4. _____

Payment Information:

Fees: \$350 per family (\$50 surcharge per person over five people), Challenge Course \$20 per person extra
\$100 non-refundable deposit required

Total charges for my family: \$ _____

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

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

Name on Card: _____ Signature: _____

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