



POST-CAMP BETH ISRAEL



Limited Space Available!

- First Come, First Served
- Half-Day or Full-Day option only
- Registration will be accepted until Friday, July 11th
- Post Camp will operate based on sufficient enrollment

POST CAMP! 5-Day Week Only August 11-15, 2014		
	9am-1pm	9am-4pm
Post Camp Week	<input type="checkbox"/> Non-Member \$270 <input type="checkbox"/> Member \$230	<input type="checkbox"/> Non-Member \$400 <input type="checkbox"/> Member \$360

Please check the box for the program session for which you would like to register.

Child's Name: _____ Date of Birth: _____

Total Camp Fees..... \$ _____

Sibling Discount (10% off for each additional child)..... - \$ _____

Sub-Total \$ _____

AMOUNT PAYING NOW..... **Deposit \$50** - \$ _____

Sub-Total \$ _____

I agree to pay in full by July 18, 2014.

Initial here

Please check the box for the payment method you would like below .

Enclosed is my check in the amount of \$ _____ (Check payable to Beth Israel).

Charge my credit card **on file** in the amount of \$ _____

Charge my credit card **below** in the amount of \$ _____

Account Number _____ Exp. Date _____ Zip Code _____
 Name on Card (please print) _____ Date _____