



Camp Gan Israel Registration Form

Personal Information

Parents' Name _____
 Company _____
 Address _____
 City _____

State/Province _____
 Zip/Postal Code _____
 Phone _____
 Email _____

Campers Information

Childs' Name _____
 Age _____
 Grade Entering _____

Hebrew School _____
 School _____

Please check box by weeks attending

☐ Week 1 ☐ Week 2
☐ Week 2 ☐ Week 4

Registration Fees

Non-refundable Registration Fee \$35.00

Total \$35.00

Payment

☐ Check (Payable to Camp Gan Israel)

Card Type _____

Card Number _____

Expiration Date (MM/YY) _____

Cardholder Name _____

Send this form with payment to our office, 1190 Highway A1A, Satellite Beach, FL 32937