



REGISTRATION FORM

מתנה קיץ / שבוע כ"ף

INFORMATION

Camp : Camp date :

Child First Name: Child Last Name :

Gender: M F Date of Birth :/...../..... Age :

Address :

ZIP code: City :

First and Last Name of the legal person in charge :

Mother Phone : Father Phone

Mother Email:

Father Email:

PRICING & REGISTRATION

Membership :

Price for the chosen stay:

Transportation Fees:

Total:

Payment by : Cheque Cash

I, the undersigned..... Father Mother Tutor
 certify that I have the authority to register the child whom first and last name appear above and authorize
 him to participate in the indicate stay above.
 I also certify that I have read the general conditions and make commitment to respect them.

Date:/...../..... **Place:**

Signature:

