



August Family Camp

August 14-18, 2019

Family Last Name _____ Home Phone # _____

Address _____

City _____ State _____ Zip _____

Returning? When were you last here? _____ New? How did you find us? _____

Adult(s)

Adult 1 _____

Birth date _____

Email _____

Cell Phone _____

Adult 2 _____

Birth date _____

Email _____

Cell Phone _____

Special Dietary / Allergies _____

Children (Please include first and last name)

Name _____ Grade (Fall '19) _____ Birthday ____/____/____ ☐ Male ☐ Female

Name _____ Grade (Fall '19) _____ Birthday ____/____/____ ☐ Male ☐ Female

Name _____ Grade (Fall '19) _____ Birthday ____/____/____ ☐ Male ☐ Female

Name _____ Grade (Fall '19) _____ Birthday ____/____/____ ☐ Male ☐ Female

Name _____ Grade (Fall '19) _____ Birthday ____/____/____ ☐ Male ☐ Female

Special Dietary / Allergies _____

Housing Request Check your preferred building(s)

☐ Lodge (Queen, Twin & Bunk) ☐ Levy Weiss (2 Double Beds) ☐ Guest House (Queen & Bunk)

*cot, bunk or pack-n-play can be added to the room at no additional fee. We will do our best to accommodate your room request.

Cost

☐ **Wed. 8/14-Sun 8/18 • \$750/adult • \$190/child 17 & under**

☐ **Wed. 8/14-Fri. 8/16 • \$395/adult • \$100/child 17 & under**

☐ **Fri. 8/16-Sun. 8/18 • \$395/adult • \$100/child 17 & under**

Wed-Fri and Fri-Sun limited availability

Minimum fee-one adult & one child per room.

Additional room fee for families **\$125/day**

Payment Information

\$500 deposit After Jan 15, 2019 deposit is non-refundable, non-transferable.

Final payment due April 15, 2019.

Payment plans available, ask us for details

Authorization

☐ **Payment Agreement** I have read the payment information. I understand and agree to the payment obligations stated.

☐ **JCC Policies** I agree to abide by all the JCC payment and registration policies at jccchicago.org/policies.

Signature _____

Date _____

Credit Card Information

☐ VISA ☐ MasterCard ☐ Discover ☐ AmEx

Account Number _____ Exp Date _____ CVV-code _____

Print Name of Cardholder _____

Billing Address of Cardholder _____

Cardholder Signature _____ Date _____