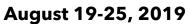




perlsteinretreat.org

retreats@jccchicago.org

Koolanu Orthodox Family Camp





Family Last Name		Home Phon	ne #	
Address				
City		State	Zip	
Returning? When were you last here?	id you find us?			
Program				
O Full Week- Aug 19-25 O First Half – Aug	g 19-22 (Mon-Thurs)	O Second	d Half – Aug 22-25 (T	hurs-Sun)
Adult(s)				
Adult 1	2			
Birth date				
Email				
Cell Phone				
Special Dietary / Allergies				
Children (Please include first and last name)				
Name	Grade (Fall '	19)	Birthday / /	O Male O Femal
Name			-	
Name				
Special Dietary / Allergies				
Housing Request Check your preferred building	1(5)			
· · · · · · · · · · · · · · · · · · ·		/Queen & Bunk	z) Guest Hous	se (Queen & Bunk)
*cot, bunk or pack n play can be added to the room at				
Cost				•
Full Week \$1025/adult • \$210/child 17 & under		Authorization		
Half Week \$640/adult • \$210/child 17 & under		O Payment Agreement I have read the payment information. I understand and agree to the		
Minimum fee-one adult & one child per room.				
Additional room fee for families \$125/day		payment obligations stated. O JCC Policies I agree to abide by all the JCC payment and registration policies at jccchicago.org/policies. Signature		
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				
		Date		
Credit Card Information				
O VISA O MasterCard O Discover O Ame	Ξx			
Account Number		Exp Date	CVV-co	ode
Print Name of Cardholder				
Billing Address of Cardholder				
Cardholder Signature			Date _	