

CAMP BETH SHALOM
1461 BALTIMORE-ANNAPOLIS BLVD.
ARNOLD, MD 21012
(410) 757-0552

For Camp Use:
Date Rec'd _____
Amount Rec'd _____

**APPLICATION/CONTRACT
2011 Camp Season**

Child's Name: _____ Date of Birth: ____/____/____ Male / Female (circle one)
Last First

Address: _____ Home Telephone: (____) ____-____
Street City Zip

Parent #1

Parent #2

First & Last Name: _____

Work phone: _____

E-mail: _____

How did you hear of Camp Beth Shalom? The Capital ____ Chesapeake Family ____ What's Up Magazine ____ Severna Park Voice ____
Temple Beth Shalom Newsletter ____ A friend (please specify name) _____ Other _____

Camper Group

Check camp week(s) desired

Session 1 ____ June 13 to 17	Seussicamp	_____ Two's	(T/TH 9am-noon)
Session 2 ____ June 20 to 24	Home on the Range	_____ Three's	(M/W/F 9am-1pm)
Session 3 ____ June 27 to July 1	If You Give a Kid a Kitchen	_____ Four's	(M-F 9am-1pm)
Session 4 ____ July 5 to 8	Twinkle, Twinkle Little Star		
Session 5 ____ July 11 to 15	When I Grow Up		
Session 6 ____ July 18 to 22	Colorful World of Eric Carle		
Session 7 ____ July 25 to 29	Sing Me A Story		
Session 8 ____ August 1 to 5	Things That Go		
Session 9 ____ August 8 to 12	Weather Days		

If our child is accepted, we hereby:

1. Agree to abide by the policies and safety precaution procedures of the camp.
2. Grant permission for our child to participate in all camp-authorized field trips away from camp.
3. Grant permission for our child to be photographed during summer camp activities and for the pictures to be used by Temple Beth Shalom.

Parent #1's Signature

Date

Parent #2's Signature

Date

**\$50 Registration fee must accompany this application.
Make check payable to Temple Beth Shalom.**

Today's Date: _____ Please charge my: VISA MasterCard Discover Card

Total Amount \$ __ 50.00 _____

Credit Card # _____

Exp. Date ____/____

Billing Address _____

Zip Code _____

City _____ State _____

Phone Number _____

Student's Name _____

Cardholder Name (please print) _____

Signature _____

