

CAMP BETH SHALOM- **Group 2 (entering K,1,2)**
1461 BALTIMORE-ANNAPOLIS BLVD.
ARNOLD, MD 21012
(410) 757-0552

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

**APPLICATION/CONTRACT
2011 Junior 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 _____

Check camp week(s) desired

Session 1 ____ June 20 to 24 Home on the Range
Session 2 ____ June 27 to 31 Twisted Tales
Session 3 ____ July 5 to 8 Passport to Flavor
Session 4 ____ July 11 to 15 Superhero Science
Session 5 ____ July 18 to 22 Up, Up and Away
Session 6 ____ July 25 to 29 Bookshelf Bigshots
Session 7 ____ August 1 to 5 Constructioneers
Session 8 ____ August 8 to 12 Charlie and the Chocolate Factory

If our child is accepted, we hereby: (please initial next to each statement)

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 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 _____

