



HERZL CAMP

2010 REGISTRATION FORM

ONLINE REGISTRATION IS AVAILABLE AT WWW.HERZLCAMP.ORG



CAMPER INFORMATION

Camper Name:		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	New Herzl Camper? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Birth:	Grade as of Fall 2010:	Current School:	
Synagogue:	Hebrew Name:	Camper email:	
T-shirt Size: <input type="checkbox"/> YS(6-8) <input type="checkbox"/> YM(10-12) <input type="checkbox"/> YL(14-16) <input type="checkbox"/> YXL(18-20) <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL			
Mailing Address:			
City, State, Zip:		Home Phone:	
*** ONE VALID EMAIL per family is required Please Print Clearly - Herzl Camp sends out important information through e-mail			
*** Family E-mail:			

PARENT/GUARDIAN INFORMATION

Parents Are: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Other_____	Camper Lives with: <input type="checkbox"/> Both <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other_____
PARENT 1 NAME:	Cell #: _____ Day #: _____
Parent 1 Occupation:	<input type="checkbox"/> I am a Dr/Nurse and would like information about working at camp <input type="checkbox"/> I am Herzl Camp Alumni
PARENT 2 NAME:	Cell #: _____ Day #: _____
Parent 2 Occupation:	<input type="checkbox"/> I am a Dr/Nurse and would like information about working at camp <input type="checkbox"/> I am Herzl Camp Alumni
Parent 2 Address (if different from above):	

EMERGENCY CONTACTS (OTHER THAN PARENT)

In case camper must be sent home, child may be released to:

Name:	Relationship:
Home Phone:	Cell Phone: _____ Work Phone: _____
Grandparent Name (#1)	Grandparent Name (#2)
Address:	Address:
City, State, Zip:	City, State, Zip:
Home Phone:	Cell Phone: _____ Home Phone: _____ Cell Phone: _____

DATES, RATES AND REGISTRATION INFORMATION

(All age groups are entering each grade in Fall 2009)

√	(CHECK PROGRAM/S YOU WOULD LIKE TO REGISTER FOR)				√	(CHECK PROGRAM/S YOU WOULD LIKE TO REGISTER FOR)			
	TASTE OF HERZL	Grades 3-4	June 14 – June 21	\$785		HA'ATID	Grades 5-6	July 14 – August 4	\$2395
	NOAR	Grade 4	June 14 – June 28	\$1550		TZOFIM BET	Grade 7-8	July 14 – August 4	\$2430
	CHALUTZIM ALEPH	Grade 5-6	June 14 – June 28	\$1550		KADIMAH	Grade 9	June 30 – August 4	\$3990
	CHALUTZIM BET	Grade 5-6	June 30 – July 13	\$1550		NILAKOT	Grade 9-10	July 14 – August 4	\$2395
	CHALUTZIM A/B	Grade 5-6	June 14 - July 13	\$3000		BYACHAD	Grade 10	June 23 – August 4	\$4795
	TZOFIM ALEPH	Grade 7-8	June 14 – July 13	\$3100		<input type="checkbox"/> Check here for information on Family Camp 2010			
	TEVA TREK	Grade 11	June 14 – July 13	\$3692					

Prices include 2010 T-shirt, Yearbook, laundry (if applicable) and access to our summer photo gallery.

SAVE!! Register more than one child from your family and save \$100 per additional registration. Discount will be given on first invoice.

SAVE!! Register one child for more than one program and save \$100 per additional program. Discount will be given on first invoice.

REGISTRATION AND CANCELLATION POLICIES

- | | |
|--|---|
| <ul style="list-style-type: none"> •Spaces are limited •Priority will be given to completed applications postmarked or registered online by Friday October 30, 2009 or earlier. •All applications postmarked or registered online after that date will be processed on a first come first served basis. | <ul style="list-style-type: none"> • All registrations include a \$150 non-refundable registration fee. • Cancellation must be received in writing. • Cancellation after January 10, 2010 will result in a 15% cancellation fee (up to \$500) • Cancellation after March 10, 2010 will result in a 50% cancellation fee (up to \$1000) • Cancellation after May 1, 2010 will result in a 100% cancellation fee. • There are no refunds after May 1, 2010 • In the event a child leaves or is removed from camp early, no refund will be given. |
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TUITION CALCULATOR – PLEASE FILL IN

Program Tuition (see front of application)	\$
DISCOUNTS (\$100 for each additional camper or \$100 for each additional program)	- \$
\$125 Bus Fee (omit if child is being driven to camp)	\$
Total Fees	= \$
Give the gift of camp – Please make a tax-deductible donation to the Herzl Scholarship Fund (optional)	\$
Balance Due	= \$

PAYMENT OPTIONS

Determine your preferred method of payment from the options listed below.

METHOD OF PAYMENT MUST BE DETERMINED BEFORE REGISTRATION WILL BE PROCESSED.

ALL REGISTRATIONS REQUIRE AN INITIAL DEPOSIT OF \$300.00 UNLESS PAYING IN FULL

If you have a previous balance, your registration will not be processed until that balance is addressed. Please contact the office.

OPTION #1 – CHECK IN FULL (NO ADDITIONAL FEES) – PLEASE ENCLOSE A CHECK FOR PAYMENT IN FULL, MADE PAYABLE TO HERZL CAMP ASSOCIATION. CHECK WILL ONLY BE CASHED UPON ACCEPTANCE INTO DESIRED PROGRAM.

OPTION #2 – CREDIT CARD IN FULL + 2.5% CONVENIENCE FEE (NOT APPLIED TO \$300 DEPOSIT) – COMPLETE VISA/MASTERCARD/DISCOVER INFORMATION. CARD WILL BE CHARGED FOR PAYMENT IN FULL ONLY UPON ACCEPTANCE INTO DESIRED PROGRAM. THIS INCLUDES THE DEPOSIT.

OPTION #3 - AUTOMATIC WITHDRAWAL FROM YOUR CHECKING ACCOUNT IN 6 EQUAL INSTALLMENTS (NO ADDITIONAL FEES)– COMPLETE THE AUTOMATIC WITHDRAWAL AGREEMENT AND ATTACH A CHECK MADE PAYABLE TO HERZL CAMP ASSOCIATION \$300.00. CHECK WILL BE PROCESSED AND DEDUCTED FROM THE TOTAL COST OF CAMP UPON ACCEPTANCE INTO DESIGNATED PROGRAM. YOUR BALANCE WILL BE DRAWN IN 6 EQUAL MONTHLY INSTALLMENTS FROM YOUR CHECKING ACCOUNT ON THE 15TH OF THE MONTH, STARTING IN NOVEMBER (OR MONTH OF ACCEPTANCE).

I/we hereby authorize Herzl Camp Association (ID # 41-6009136) to initiate monthly automatic withdrawals from my/our:

Checking account # _____ This institution's transit/ABA # is _____
9 DIGIT ROUTING NUMBER LOCATED ON BOTTOM OF CHECK

Name of Bank _____ PRINT ACCOUNT HOLDER'S NAME _____ SIGNATURE _____ DATE _____

OPTION #4 - CREDIT CARD IN THREE EQUAL INSTALLMENTS + 2.5% CONVENIENCE FEE (NOT APPLIED TO \$300 DEPOSIT) – COMPLETE CREDIT CARD INFORMATION. CARD WILL BE CHARGED \$300 FOR DEPOSIT UPON ACCEPTANCE INTO DESIRED PROGRAM AND BALANCE WILL BE SPLIT INTO THREE EQUAL PAYMENTS BEGINNING ON THE 15TH OF THE MONTH, STARTING IN NOVEMBER (OR MONTH OF ACCEPTANCE).

VISA MASTERCARD _____ - _____ - _____ Exp. Date ____ / ____
 DISCOVER

Billing Address if different from camper's:

Print card holder's name: _____ Card Holder's Signature: _____

FINANCIAL AID

Herzl Camp offers need based financial aid. Financial Aid is awarded through a confidential process. Please feel comfortable requesting a financial aid application. You can also download an application at www.herzlcamp.org.

Please send me financial aid information and an application. (These will be sent along with your child's registration confirmation letter.)

PARENT/GUARDIAN AGREEMENT

- I hereby grant permission for my child to attend Herzl Camp.
- I hereby grant permission for my child to leave the camp grounds to participate in planned camp programs.
- I understand that addresses, phone numbers and e-mail information of all campers may be distributed at the camp's discretion unless otherwise notified in writing by the parent.
- I further agree that Herzl Camp may use images of my child on its website and for publicity purposes.
- Herzl Camp accepts no responsibility for loss, damage, or theft of camper's property.
- I agree to be held financially responsible for acts of vandalism caused by my child.
- I understand that cancellation must be in writing and will result in loss of fees in accordance with the stated cancellation policy.
- Herzl Camp reserves the right to send my child home for detrimental behavior at the sole discretion of the Camp Director.

Signature of Parent or Guardian _____ **X** _____
 I have read and agree to the terms of this registration agreement. Application cannot be accepted without signature of Parent/Guardian
 Herzl Camp reserves the right to decline admittance or to request an interview with a parent or child prior to acting on registration.



MAIL COMPLETED APPLICATION TO:
HERZL CAMP ASSOCIATION
 7204 WEST 27th STREET, SUITE 226
 ST. LOUIS PARK, MN 55426

For office use only:
 _____ Date Received
 \$ _____ Payment Received with Registration
 _____ Processed