



SAC REGISTRATION FORM

- Instructions: (1) Print and fill out the form completely.
(2) Please remember to sign and date.
(3) Mail, fax, or email to SAC. See contact information below.

CAMPER INFORMATION

Camper Name _____	Gender _____M _____F
Address _____	Birth Date _____
City/State/Zip/Ctry _____	School, Grade (Fall '09) _____
Phone (Day) _____ (Eve) _____	Synagogue Affiliation _____
Camper E-mail _____	Rabbi _____
Previous Camping Experience _____	

PARENT(S) INFORMATION

Parent #1 Name _____	Phone Home _____
Address _____	Phone Work _____
City/State/Zip _____	Phone Cell _____
E-mail _____	Occupation _____
Parent #2 Name _____	Phone Home _____
Address _____	Phone Work _____
City/State/Zip _____	Phone Cell _____
E-mail _____	Occupation _____
All billing statements should be mailed to (specify from above): _____	
With whom does camper reside? _____Both Parents _____Parent #1 _____Parent #2	

Method of Payment:

- A check payable to SA.C. is enclosed for payment in full with a 5% discount if paid by January 17, 2009.
- A check payable to S.A.C. is enclosed for a \$250 deposit with a second check postdated April 30, 2009 for the remaining balance.
- Charge my credit card for the full amount with a 5% discount if paid by January 17, 2009.
- Charge my \$250 deposit by credit card now and charge the balance on April 30, 2009.
- Our family is happy to donate \$_____ to SAC.
Please help send a child to camp by considering a donation to the Leah Azose Memorial Camp Fund.

VISA MASTERCARD Amount: _____

Credit Card #: _____ Exp: _____

Signature: _____

Applications will not be accepted without a valid signature from the camper's parent or guardian. Mail your completed form to SAC, P.O. Box 1248, Mercer Island, WA 98040 or fax it to us at (206) 666-3944. You may also email your registration to register@sephardicadventurecamp.org. Visit www.sephardicadventurecamp.org for additional information or call (206) 721-0101.