



Please Print Clearly

Registration Form

Camper 1 Name _____ Sex: M F
Birth Date _____ Entering Grade _____ Shirt Size _____

Camper 2 Name _____ Sex: M F
Birth Date _____ Entering Grade _____ Shirt Size _____

School(s) Attending in the Fall _____

Parent Name(s) _____

Address _____

City, State _____ Zip _____

Email(s) _____

Phone: Home _____ Cell _____

Temple Isaiah Member? Y N
If not, Synagogue Affiliation _____

How did you hear about Camp Isaiah? _____

Circle Session Days Per Week Choose Days

I 3 4 5 M T W Th F

II 3 4 5 M T W Th F

I am signing up for these individual weeks and days:

**There is a \$75 fee per child for non-members of Temple Isaiah.
All campers must sign up for a minimum of 2 weeks.**

Payment in full by Credit Card or Check payable to Temple Isaiah.

MC/Visa # _____ Exp. _____

Amount Enclosed \$ _____ Parent Signature _____

PLEASE RETURN TO TEMPLE ISAIAH
10345 W. Pico Blvd, Los Angeles, CA 90064