



**Mittleman**  
Jewish Community Center  
6651 SW Capitol Hwy.  
Portland, OR 97219

**MJCC DAY CAMP 2020  
REGISTRATION FORM**

**Ruach**  
**(Grades 3 - 4)**

*Office use only:*

Received by \_\_\_\_\_

Date \_\_\_\_\_

Processed by \_\_\_\_\_

Date \_\_\_\_\_

Camper Name: \_\_\_\_\_

Choose one: Guest Member (Prices marked Guest/Member)

**Any registration form turned in to the Day Camp Office without being accompanied by a 2020 Health and Emergency Contact Form will be considered incomplete and will therefore not secure any spots requested in camps. The online form can be found at: [oregonjcc.org/healthform](https://oregonjcc.org/healthform)**

**Registration must be completed at the Welcome Desk or online.**

**Online forms can be sent to [daycamp@oregonjcc.org](mailto:daycamp@oregonjcc.org)**

Camp Dates	Full-Day Classic 9:00 am - 4:00 pm
Week 1: June 22- 26	<input type="checkbox"/> Classic Camp \$336/\$288
Week 2: June 29-July 3	<input type="checkbox"/> Classic Camp \$336/\$288
Week 3: July 6 - 10	<input type="checkbox"/> Classic Camp \$336/\$288
Week 4: July 13 - 17	<input type="checkbox"/> Classic Camp \$336/\$288
Week 5: July 20 - 24	<input type="checkbox"/> Classic Camp \$336/\$288
Week 6: July 27 - 31	<input type="checkbox"/> Classic Camp \$336/\$288
Week 7: August 3 - 7	<input type="checkbox"/> Classic Camp \$336/\$288

Total Fee: \_\_\_\_\_ Split Payments \* Yes \_\_\_\_\_ No \_\_\_\_\_ Total paid at registration: \_\_\_\_\_

\* For fees over \$500, payment can be split in two. 50% is due at registration and the remainder is due by May 31, 2020. Total includes Multi-Week Discount (See Camp Brochure). Split payment option not available if receiving the Multi-Week Discount. Credit card will automatically be charged on May 31, 2020.

Card Number: \_\_\_\_\_ CVC Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

\*\* Many campers are only able to attend Summer Camp due to our financial aid program, made possible by generous donations. Please consider a small tax-free donation to MJCC Camp Department.

**Donation amount:** \_\_\_\_\_

☐ Check   ☐ Credit Card on File

☐

New Card Number: \_\_\_\_\_

CVC Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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