



Mittleman

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

MJCC DAY CAMP 2019 REGISTRATION FORM

COUNSELOR IN TRAINING

(Grades 7 - 10)

Office use only:

Processed by _____

Date _____

Camper Name: _____

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

Camp Dates	Camp Type + Price
Week 1: June 24-28	<i>No CIT program offered</i>
Week 2: July 1-5 (No camp 7/4)	<i>No CIT program offered</i>
Week 3: July 8-12	<input type="checkbox"/> M-F 9am-4pm, \$160/\$135
Week 4: July 15-19	<input type="checkbox"/> M-F 9am-4pm, \$160/\$135
Week 5: July 22-26	<input type="checkbox"/> M-F 9am-4pm, \$160/\$135
Week 6: July 29-August 2	<input type="checkbox"/> M-F 9am-4pm, \$160/\$135
Week 7: August 5-9	<input type="checkbox"/> M-F 9am-4pm, \$160/\$135
Week 8: August 12-16	<input type="checkbox"/> M-F 9am-4pm, \$160/\$135
Week 9: August 19-23	<input type="checkbox"/> M-F 9am-4pm, \$160/\$135

Total Fee: _____ Split Payments * Yes _____ No _____ Total paid at registration: _____

** 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.

* For fees over \$500, payment can be split in two. 50% is due at registration and the remainder is due by May 31, 2019. Total includes Multi-Week Discount (See Camp Brochure). Split payment option not available if receiving the Multi-Week Discount. **The remaining balance will be automatically charged on your credit card on May 31, 2019.**

Card Number: _____ CVC Number: _____ Exp. Date: _____

Please note: Any registration form turned in to the Day Camp Office without being accompanied by a Health and Emergency Contact Form will be considered incomplete and will therefore not secure any spots requested in camps.

Signature: _____ Date: _____