



Family Weekend Registration Form

Name:		Family Name:
<i>Additional Family Members</i>		
First Name:	Last Name:	Age:
1.		
2.		
3.		
4.		
5.		
6.		

Contact Information		
Address:		
City:	Province:	Postal Code:
Email:		
Home Phone:		Cell Phone:

Family Camp Information
Allergies:
Dietary Restrictions:

Sleeping Arrangements	
<input type="checkbox"/> A Bunk for Only One Family	<input type="checkbox"/> Share a Bunk With Another Family
Please indicate arrival time if you will not arrive by 7pm on Friday Night:	

Waiver
<input type="checkbox"/> I give Camp B'nai Brith permission to use photos of all family members for marketing purposes.

Payment Method	
<input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> American Express <input type="checkbox"/> Cheque	
Name on Card:	
Credit Card Number:	Exp.: