



Camp Moshava of Wild Rose, WI

Under the auspices of Religious Zionists of Chicago and its youth affiliate, Bnei Akiva of Chicago



Please send completed registration form and payment to:
Camp Moshava of Wild Rose, WI
3740 West Dempster St.
Skokie, IL 60076
Fax (847) 750-0222

“TASTE OF MOSHAVA” SHABBATON For 3rd-7th graders • December 16-17, 2016 • Skokie, IL

REGISTRATION FORM

PARTICIPANT INFORMATION

Name _____ Last _____ First _____ Hebrew name _____

Current Grade in school: _____ Gender _____ Age _____ Date of birth ____/____/____

Address _____ City _____ State _____ Zip _____

Home phone _____ Email address _____

Name of School(s) _____

Does your child have any allergies? Please list _____

PARENT/GUARDIAN INFORMATION

| | MOTHER/GUARDIAN | FATHER/GUARDIAN |
|------------------|-----------------|-----------------|
| Name | | |
| Home Address | | |
| Home Phone | | |
| Cell Phone/Pager | | |
| Email | | |

HOUSING

Please indicate:

- I need housing to be arranged for me.
- I do not need housing- Please list name and address of where child will be staying _____

(If housing changes, please let us know so we can put your child in the appropriate walking group)

If requesting housing, please indicate friends with whom you wish to be housed (we will try to accommodate requests):

PAYMENT

Please make all checks payable to Camp Moshava for \$70 and send them in before December 15, 2016

Register and pay by December 7, 2016 and save \$10.