

Family Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Date Submitted: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**CABIN ASSIGNMENT REQUESTS:**

(CABINS ARE RUSTIC, BUT EACH CABIN ACCOMMODATES 10 PEOPLE AND HAS A BATHROOM WITH A SHOWER.)

Please list cabin-mate requests, if any: \_\_\_\_\_

Interested in off-site accommodations or on-site tenting? off-site \_\_\_\_ tent \_\_\_\_

**(Persons sleeping in a tent or off-site, pay full price for camp.)**

Interested in a private cabin for an additional charge of \$50 (if available)? Yes \_\_\_\_

(Private cabins are based on availability and will be given on a first come, first serve basis.)

Please contact rachel@shirtikvah.org if a medical condition warrants the need for a private cabin. You will be given first priority and there will be no charge.

Please list any dietary needs: \_\_\_\_\_

**CAMPER INFO**

Full Name

Age

**T-SHIRT SIZE**

Adult

Youth

<u>Full Name</u>	<u>Age</u>	<u>Adult</u>						<u>Youth</u>		
		3XL	2XL	XL	L	M	S	L	M	S
_____	_____	3XL	2XL	XL	L	M	S	L	M	S
_____	_____	3XL	2XL	XL	L	M	S	L	M	S
_____	_____	3XL	2XL	XL	L	M	S	L	M	S
_____	_____	3XL	2XL	XL	L	M	S	L	M	S
_____	_____	3XL	2XL	XL	L	M	S	L	M	S
_____	_____	3XL	2XL	XL	L	M	S	L	M	S
_____	_____	3XL	2XL	XL	L	M	S	L	M	S

**COST & PAYMENT INFORMATION:** (Please contact the CST office for camp scholarship information if needed. We want every family to have the opportunity to attend camp tikvah regardless of their financial situation.)

**CST MEMBERS**

Number of Adults (18 and over) \_\_\_\_\_ x \$95 = \_\_\_\_\_  
 Number of Teenagers (13-17) \_\_\_\_\_ x \$85 = \_\_\_\_\_  
 Number of Children (4-12) \_\_\_\_\_ x \$70 = \_\_\_\_\_  
 Number of Children (under 4 suggested donation) \_\_\_\_\_ x \$18 = \_\_\_\_\_

**CST NON MEMBERS**

Number All Ages \_\_\_\_\_ x \$100 = \_\_\_\_\_

Additional donation to help ensure Camp is affordable for all \*\*: \_\_\_\_\_

Private Cabin Request (refund given if not available) \$50: \_\_\_\_\_

Total Amount Due: \_\_\_\_\_

Amount Paid: \_\_\_\_\_

Balance Due: \_\_\_\_\_

\*\* To ensure that all members have an opportunity to participate, the cost of the retreat is subsidized by CST. If you are able to pay more, please consider a donation to minimize the impact on the CST budget and make this experience available to as many congregants as possible.

Please make checks payable to: **Congregation Shir Tikvah.**

**Registration form and 50% deposit DUE BY JUNE 15<sup>th</sup>. Balance due on August 7<sup>th</sup>.**

(Registration forms received after June 15<sup>th</sup> will be accomodated based on availability.)

Please contact **Rachel Berg (rachel@shirtikvah.org or 248-649-4418)** with questions.

**(Cancellation Policy: Refund given less \$25 per person prior to August 14<sup>th</sup>; after August 14<sup>th</sup> - No Refunds)**